

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

Cond #1 Use - 21-0133
APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
RECEIVED
Date Stamp (Received)
AUG 12 2022
Bayfield Co.
Planning and Zoning Agency

Permit #: 22-0238
Date: 8-9-22
Amount Paid: 250 8-12-2022
Other: ATF 250 9-9-22
Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Original Application MUST be submitted

FILL OUT IN INK (NO PENCIL)

TYPE OF PERMIT REQUESTED: ☒ LAND USE ☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER

Owner's Name: Zach & Jennifer Krivoshein
Mailing Address: 85150 Trailer Ct Rd
City/State/Zip: Bayfield
Telephone:
Address of Property: 35110 S City Hwy J
City/State/Zip: WI 54814
Cell Phone:
Email: (print clearly) aia camping@gmail.com 715-470-1100

Contractor: Darrin Bedding
Contractor Phone: 850-303-3234
Plumber: Rob Walsh
Plumber Phone: 832-306-8530

Authorized Agent: (Person Signing Application on behalf of Owner(s))
Agent Phone:
Agent Mailing Address (include City/State/Zip):
Written Authorization Required (for Agent)

PROJECT LOCATION: Legal Description: (Use Tax Statement)
Tax ID# 4636
Recorded Document: (Showing Ownership) Apostle Island Camps LLC

1/4, 1/4 Gov't Lot Lot(s) CSM Vol & Page CSM Doc # Lot(s) # Block # Subdivision:

Section 14, Township 50 N, Range 04 W Town of: Bayfield Lot Size Acreage 10 acres

☐ Shoreland ☐ Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue -->
☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue -->
☒ Non-Shoreland

Distance Structure is from Shoreline : feet
Distance Structure is from Shoreline : feet

Is your Property in Floodplain Zone? ☐ Yes ☒ No
Are Wetlands Present? ☐ Yes ☒ No

Value at Time of Completion * include donated time & material	Project	Project # of Stories	Project Foundation	Total # of bedrooms on property	What Type of Sewer/Sanitary System(s) Is on the property or Will be on the property?	Type of Water on property
\$ 85,000	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Basement	<input checked="" type="checkbox"/> 1	<input checked="" type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Foundation	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type:	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input checked="" type="checkbox"/> Slab	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type:	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/>
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/>	<input checked="" type="checkbox"/> Use	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>
					<input type="checkbox"/> None	

Existing Structure: (if addition, alteration or business is being applied for) Length: Width: Height:
Proposed Construction: (overall dimensions) Length: 25' Width: 16' Height: 14'

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	(X)	
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	(X)	
	with Loft	(X)	
	with a Porch	(X)	
	with (2nd) Porch	(X)	
<input checked="" type="checkbox"/> Commercial Use	with a Deck	(X)	
	with (2nd) Deck	(X)	
<input type="checkbox"/> Municipal Use	<input checked="" type="checkbox"/> Camp Cabin with Attached Garage #1	(X)	
	<input checked="" type="checkbox"/> Bunkhouse w/ <input checked="" type="checkbox"/> sanitary, or <input checked="" type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities	(16 X 25)	400
	<input type="checkbox"/> Mobile Home (manufactured date)	(X)	
	<input type="checkbox"/> Addition/Alteration (explain)	(X)	
	<input type="checkbox"/> Accessory Building (explain)	(X)	
	<input type="checkbox"/> Accessory Building Addition/Alteration (explain)	(X)	
	<input type="checkbox"/> Special Use: (explain)	(X)	
	<input type="checkbox"/> Conditional Use: (explain)	(X)	
	<input type="checkbox"/> Other: (explain)	(X)	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s):
(If there are Multiple Owners, listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date 8-9-22

Authorized Agent:
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date

Address to send permit 85150 Trailer Ct Rd Bayfield, WI 54814

Attach
Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

Turn Over

RECEIVED

NOV 1 1957

RECEIVED

116

APPLICANT - PLEASE COMPLETE PLOT PLAN

In the box below: **Draw or Sketch your Property** (regardless of what you are applying for)

- (1) Show Location of:

(2) Show / Indicate:

(3) Show Location of (*):

(4) Show:

(5) Show:

(6) Show any (*):

(7) Show any (*):
- Proposed Construction

North (N) on Plot Plan

(*) Driveway and (*) Frontage Road (Name Frontage Road)

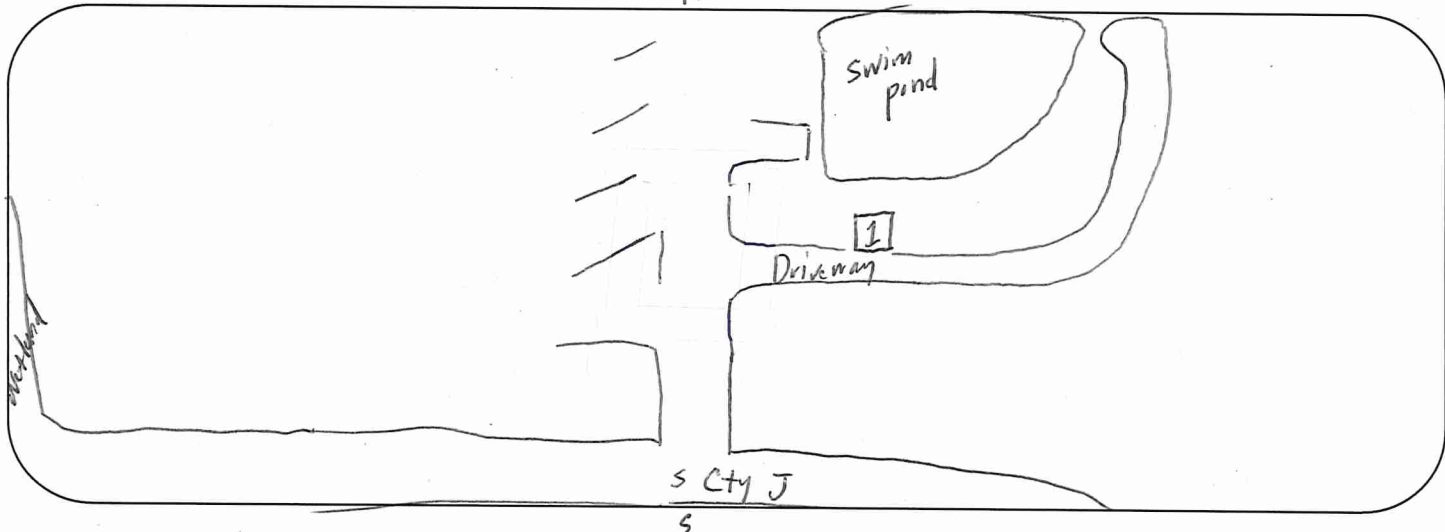
All Existing Structures on your Property

(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)

(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond

(*) Wetlands; or (*) Slopes over 20%

Fill Out in Ink – NO PENCIL



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Setback Measurements	Description	Setback Measurements
Setback from the Centerline of Platted Road	205' Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	172' Feet	Setback from the River, Stream, Creek	Feet
		Setback from the Bank or Bluff	Feet
Setback from the North Lot Line	370' Feet		
Setback from the South Lot Line	205' Feet	Setback from Wetland	397' Feet
Setback from the West Lot Line	397' Feet	20% Slope Area on the property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	237' Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	N/A Feet	Setback to Well	367' Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE(s):

All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
For the Construction of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.
The local Town, Village, City, State or Federal agencies may also require permits.

If subject property is part of a Condominium Plat, applicant hereby certifies and represents that applicant has all necessary approvals and recorded documents required to complete the project for which this permit is sought including requirements set forth in Wisconsin statutes pertaining to condominium associations, the Declaration of the Condominium Association in which the property is located, and all other rules, regulations and requirements pertaining to that Condominium Association.

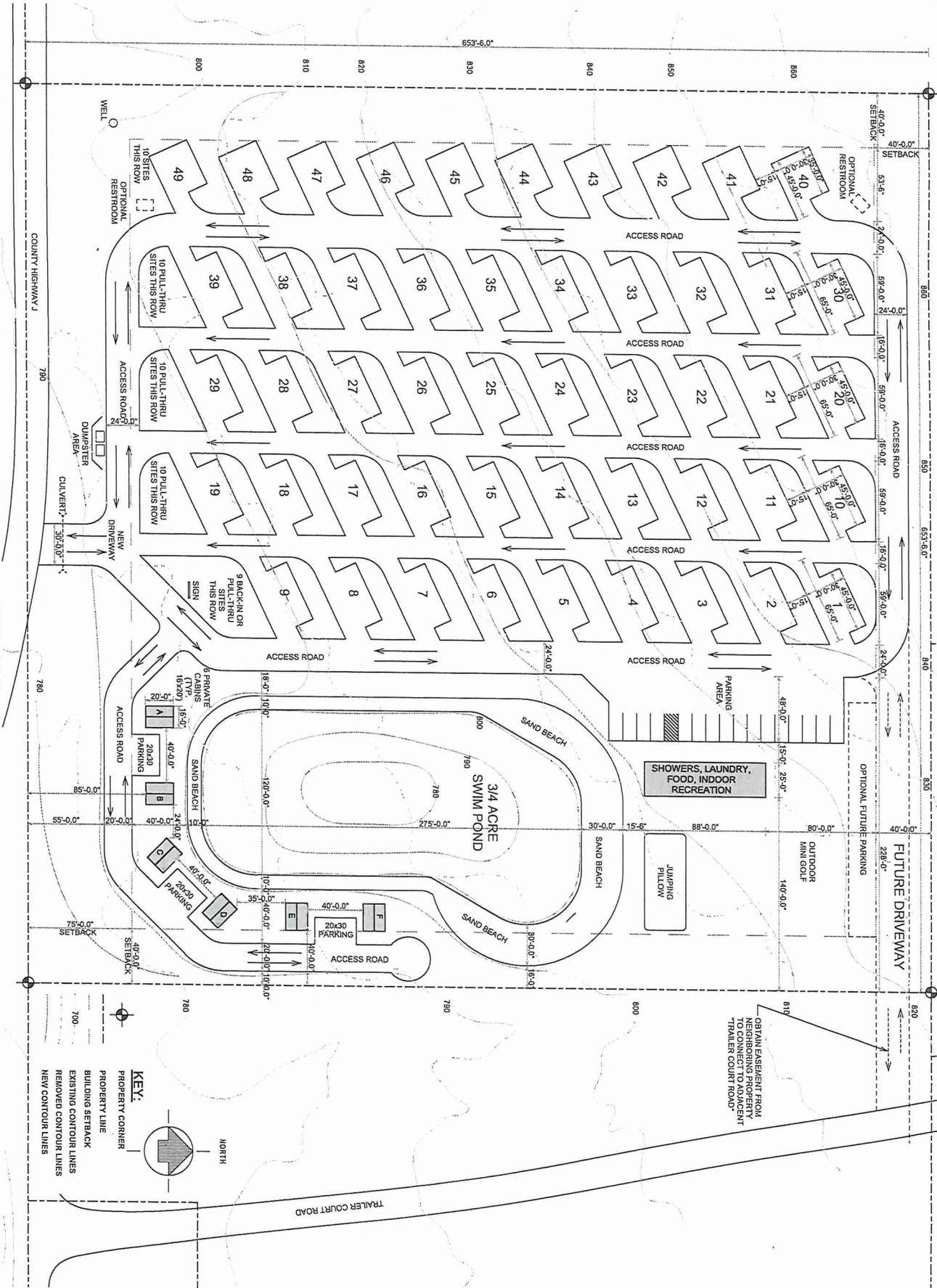
You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

Issuance Information (County Use Only)		Sanitary Number: <u>N/A Municipal</u> # of bedrooms:		Sanitary Date:	
Permit Denied (Date):		Reason for Denial:			
Permit #: <u>22-0238</u>		Permit Date: <u>9-9-22</u>			
Is Parcel a Sub-Standard Lot		<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	
Is Parcel in Common Ownership		<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is Structure Non-Conforming		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Affidavit Required	
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Case #:		Case #:			
Was Parcel Legally Created		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner		
Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed		
		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Inspection Record:				Zoning District (R-RB)	
<u>Structure already built + placed on-site.</u>				Lakes Classification ()	
Date of Inspection: <u>8-25-2022</u>		Inspected by: <u>EM</u>		Date of Re-Inspection:	
Condition(s): <u>Town, Committee or Board Conditions Attached?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No – (If No they need to be attached.)					
<u>To meet all setbacks, including eaves and overhangs. Town/State/DNR permits may be needed. Must obtain a VDC permit from locally contracted VDC inspection agency. Bayfield county Health Department permit is required.</u>					
Signature of Inspector: <u>Sueca Mulhman</u>				Date of Approval: <u>8-29-2022</u>	
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>	
Hold For Fees: <input type="checkbox"/>					

C

Updated Plot Plan 9-9-2000

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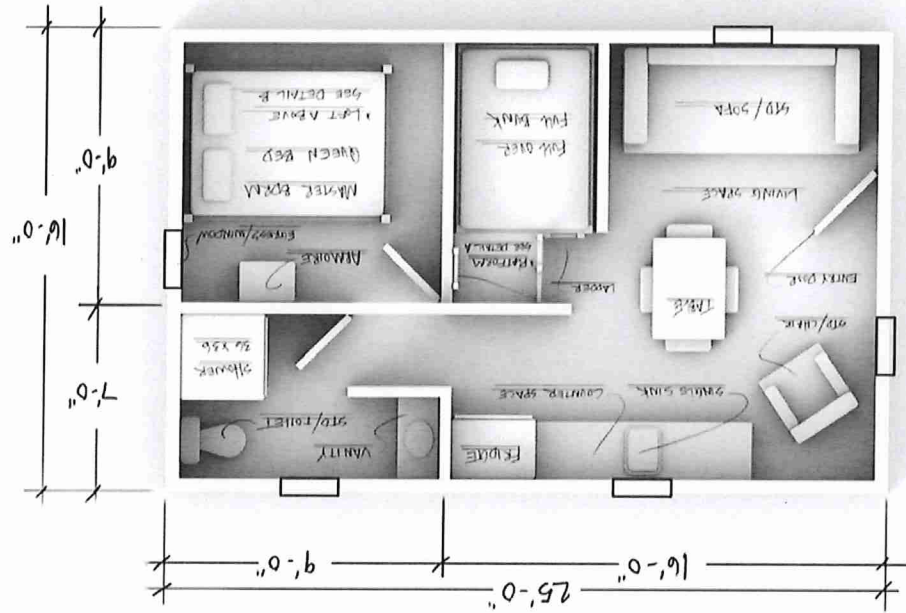


SITE PLAN

SCALE: 1" = 30'

- KEY:**
- PROPERTY CORNER
 - PROPERTY LINE
 - BUILDING SETBACK
 - EXISTING CONTOUR LINES
 - REMOVED CONTOUR LINES
 - NEW CONTOUR LINES
- NOT FOR CONSTRUCTION OR FINAL PLACING**

C100	PROJECT NO. 19-3398	DATE AUGUST 2000	SCALE AS NOTED	DRAWN BLW	PROJECT NO. 19-3398	DESIGN & ENGINEERING with framework design inc. 2013 6th Street West Ashland, WI 54806 Telephone (715) 682-0130 www.cdengineering.com	PROPOSED SCHEMATIC LAYOUT FOR:	
							APOSTLE ISLANDS AREA CAMPGROUND COUNTY HWY J, BAYFIELD, WI 54814	
SITE PLAN								





June 18, 2021

DNR PROJECT NO. S-2021-0381
DNR REGION: NOR

ROSE LAWYER CLERK
PIKES BAY SANITARY DISTRICT
P.O. BOX 689
BAYFIELD, WI 54891

DNR PLAN APPROVAL for SEWERAGE SYSTEM IMPROVEMENT

Wastewater System Owner: PIKES BAY SANITARY DISTRICT

Consultant: LUND ENGINEERING

Engineer: RANDY LUND, P.E.

Date Project Received: May 4, 2021

Project Description: PLANS for SEWER

Sewer extension of 515' on County Highway J to serve the AIA
Campground in the Town of Bayfield. Specifications are Standard
Specifications for Wi., 6th Ed. And supplementary conditions

The proposed sewerage system improvement included in the above referenced plan submittal is hereby approved in accordance with s. 281.41, Wis. Stats., subject to the following conditions:

1. That a preconstruction conference be held to familiarize the contractor(s) and inspector(s) with the plans, specifications, and conditions of approval.
2. That a competent resident inspector be provided during the course of construction.
3. That erosion control methods be used to prevent siltation to lands and waterways in the vicinity of the construction activity.
4. That all storm and other clear water, including that from sump pumps, roof drains, cistern overflows, and building foundation drains be excluded from these approved sewers (not applicable for combined sewers).
5. That the improvements be installed in accordance with the approved plans and specifications, and the above conditions, or subsequent essential and approved modifications.

This approval is valid for four years from the date of approval. The Department reserves the right to order changes or additions should conditions arise making this necessary.

If you believe you have a right to appeal this decision, you may file a request for a contested case hearing pursuant to s. 227.42, Wis. Stats., or file for judicial review under s. 227.52 and 227.53, Statutes. You have 30 days after this approval is mailed to file your written request for hearing or file and serve your petition for judicial review. Your request for hearing or petition for judicial review must name the Secretary of the Department as respondent. This notice is provided pursuant to s. 227.48, Statutes.

STATE OF WISCONSIN
DEPARTMENT OF NATURAL RESOURCES
For the Secretary

Jason R. Knutson, P.E.
Wastewater Section Chief

Andrew J. Dutcher
Wastewater Engineer

Digitally signed by Andrew
Dutcher
Date: 2021.06.18 12:47:24 -05'00'

cc: Engineer
Greater Bayfield WWTP Commission

TOWN OF BAYFIELD TREASURER
BILLIE HOOPMAN
P.O. BOX 742

BAYFIELD WI 54814
Phone: 715-779-3438
E-Mail: bayfieldtreasurer@gmail.com

STATE OF WISCONSIN - BAYFIELD COUNTY
REAL ESTATE PROPERTY TAX BILL FOR 2021

APOSTLE ISLAND CAMPING LLC
TOWN OF BAYFIELD

PAYMENTS should reference: **Tax ID: 4636**

DOCUMENT RECORDING, or anything Else should reference:
PIN: 04-006-2-50-04-14-3 03-000-30000
Alternate/Legacy ID: 006-1029-06 000
Ownership: APOSTLE ISLAND CAMPING LLC

APOSTLE ISLAND CAMPING LLC
2253 SISKEN LN
KRONENWETTER WI 54455

Important: Be sure this covers your property. Note that this description is for tax bills only and may not be a full legal description. See reverse side for important information.
Property Description / Location of Property
Site Address: 35110 S COUNTY HWY J

Description: Sec 14 Tn 50 Rg 04 SE SW SW IN DOC 2019R-579285 221

Please include self-addressed, stamped envelope for return receipt.
Please inform your treasurer of any billing address changes.

Acreage: 10.000
Document: 2021R-587476

Assessed Value			Average Assessment Ratio	Net Assessed Value Rate (Does NOT reflect lottery or first dollar credit) 0.018439143	Real Estate Tax: 920.11 First Dollar Credit: -82.33 Lottery Credit: -0.00 Net Real Estate Tax: 837.78 SEWER 1,232.91	
Land	Improved	Total				
\$42,900	\$7,000	\$49,900	0.94532			
Estimated Fair Market Value			An "X" means unpaid prior year taxes. <input type="checkbox"/>	School taxes reduced by school levy tax credit. \$105.16	Total Due: 2,070.69 For full payment pay to TOWN OF BAYFIELD treasurer by January 31, 2022 Warning If not paid by due dates, installment option is lost and total tax is delinquent and subject to interest and if applicable, penalty. (See reverse)	
Land	Improved	Total				
\$45,400	\$7,400	\$52,800				
Estimated State Aids Allocated Tax District			Net Tax		% Tax Change	
			2020	2021		
Taxing Jurisdiction	2020	2021	2020	2021		
COUNTY	63,260	67,294	214.75	213.46	-0.6	
TOWN OF BAYFIELD	207,900	216,040	184.91	185.37	0.2	
SCHL-BAYFIELD	417,197	450,725	495.16	474.26	-4.2	
TECHNICAL COLLEGE	131,405	138,017	18.87	16.94	-10.2	
PIKES BAY SANITARY	0	0	25.43	30.08	18.3	
Totals	819,762	872,076	939.12	920.11	-2.0	
First Dollar Credit			84.56	82.33	-2.6	
Lottery & Gaming Credit			0.00	0.00	0.0	
Net Property Tax			854.56	837.78	-2.0	

Pay 1st Installment Of: 1,651.80
Or Pay Full Payment Of: 2,070.69
by January 31, 2022

Pay 2nd Installment Of: 418.89
by July 31, 2022

Amount enclosed: _____
APOSTLE ISLAND CAMPING LLC
Tax ID: 4636 (006)
Make payment payable and mail to:
TOWN OF BAYFIELD TREASURER
BILLIE HOOPMAN
P.O. BOX 742
BAYFIELD WI 54814
Include this stub with your payment
Or to Pay Online see Credit
Card Payments on back

Amount enclosed: _____
APOSTLE ISLAND CAMPING LLC
Tax ID: 4636 (006)
Make payment payable and mail to:
BAYFIELD COUNTY TREASURER
JENNA GALLIGAN
PO BOX 397
WASHBURN WI 54891
Include this stub with your payment

Town, City, Village, State or Federal
Permits May Also Be Required

AFTER-THE-FACT

LAND USE – **X**

SANITARY – **Municipal**

SIGN –

SPECIAL –

CONDITIONAL – **#21-0133**

BOA –

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **22-0238**

Issued To: **Apostle Island Camping LLC / Zach & Jennifer Krivoshein**

SE of the

Location: **SW ¼ of SW ¼ Section 14 Township 50 N. Range 4 W. Town of Bayfield**
In Doc 2019R-579285

Gov't Lot

Lot

Block

Subdivision

CSM#

Commercial

For: **[AFTER-THE-FACT]: [1- Story]; Cabin #1 (25' x 16'); at a Height of 14'**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Meet all setbacks, including eaves and overhangs. Town/State/DNR permits may be needed. Bayfield County Health Dept permit is required prior to serving food. A Uniform Dwelling Code (UDC) Permit from the locally contracted UDC Inspection Agency must be obtained prior to the start of construction.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.
or if any prohibitory conditions are violated.

Erica Meulemans, AZA

Authorized Issuing Official

September 9, 2022

Date

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN



Permit #:	22-0239
Date:	8-9-22
Amount Paid:	\$500 8-12-2022 check
Other:	ATF 250 9-4-22
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.

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TYPE OF PERMIT REQUESTED		<input checked="" type="checkbox"/> LAND USE		<input type="checkbox"/> SANITARY		<input type="checkbox"/> PRIVY		<input type="checkbox"/> CONDITIONAL USE		<input type="checkbox"/> SPECIAL USE		<input type="checkbox"/> B.O.A.		<input type="checkbox"/> OTHER	
Owner's Name: Zach & Jennifer Krivoshein				Mailing Address: 85150 Trailer Ct Rd				City/State/Zip: Bayfield, WI 54814				Telephone: 715-470-1100			
Address of Property: 35110 S Cty Hwy J				City/State/Zip: Bayfield, WI 54814				Cell Phone: 715-470-1100							
Email: (print clearly) aia.camping@gmail.com															
Contractor: Derrick Beddingger				Contractor Phone: 860-303-3234				Plumber: Rob Walsh				Plumber Phone: 832-306-8580			
Authorized Agent: (Person Signing Application on behalf of Owner(s))				Agent Phone:				Agent Mailing Address (include City/State/Zip):				Written Authorization Required (for Agent)			
PROJECT LOCATION		Legal Description: (Use Tax Statement)		Tax ID# 4636		Recorded Document: (Showing Ownership) Apple Island Camping LLC									
1/4, 1/4		Gov't Lot		Lot(s)		CSM		Vol & Page		CSM Doc #		Lot(s) #		Block #	
Subdivision:															
Section 14		Township 50		N, Range 04		W		Town of: Bayfield		Lot Size		Acreage 10 acres			

<input type="checkbox"/> Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue -->	Distance Structure is from Shoreline : _____ feet	Is your Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue -->	Distance Structure is from Shoreline : _____ feet		
<input checked="" type="checkbox"/> Non-Shoreland				

Value at Time of Completion * include donated time & material	Project	Project # of Stories	Project Foundation	Total # of bedrooms on property	What Type of Sewer/Sanitary System(s) Is on the property or Will be on the property?	Type of Water on property
\$85,000	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Basement	<input checked="" type="checkbox"/> 1	<input checked="" type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Foundation	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input checked="" type="checkbox"/> Slab	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/>
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/>	<input type="checkbox"/> Use	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Year Round	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>
					<input type="checkbox"/> None	

Existing Structure: (if addition, alteration or business is being applied for)	Length:	Width:	Height:
Proposed Construction: (overall dimensions)	Length: 25'	Width: 16'	Height: 14'

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	(X)	
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(X)	
		with Loft	(X)	
		with a Porch	(X)	
		with (2nd) Porch	(X)	
		with a Deck	(X)	
<input checked="" type="checkbox"/> Commercial Use		with (2nd) Deck	(X)	
		Camp Cabin with Attached Garage #2	(X)	
	<input checked="" type="checkbox"/>	Bunkhouse w/ (<input checked="" type="checkbox"/> sanitary, or <input checked="" type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(16 X 25)	400
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Mobile Home (manufactured date) _____	(X)	
	<input type="checkbox"/>	Addition/Alteration (explain) _____	(X)	
	<input type="checkbox"/>	Accessory Building (explain) _____	(X)	
	<input type="checkbox"/>	Accessory Building Addition/Alteration (explain) _____	(X)	
	<input type="checkbox"/>	Special Use: (explain) _____	(X)	
	<input type="checkbox"/>	Conditional Use: (explain) _____	(X)	
	<input type="checkbox"/>	Other: (explain) _____	(X)	

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): [Signature]
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date: 8-9-22

Authorized Agent: [Signature] (See Note below)
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date: _____

Address to send permit: _____

Attach
Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

Turn Over

RECEIVED

RECEIVED

RECEIVED

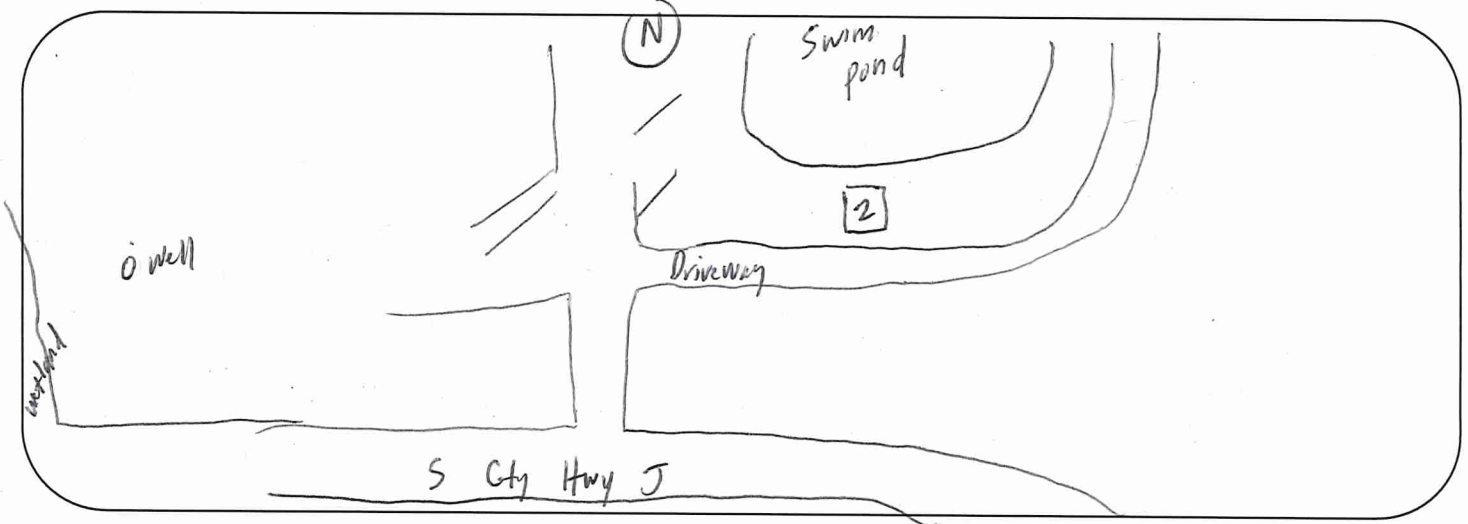
ALL

APPLICANT - PLEASE COMPLETE PLOT PLAN

In the box below: **Draw or Sketch your Property** (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (* Driveway and (* Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (* Well (W); (* Septic Tank (ST); (* Drain Field (DF); (* Holding Tank (HT) and/or (* Privy (P)
(6) Show any (*): (* Lake; (* River; (* Stream/Creek; or (* Pond
(7) Show any (*): (* Wetlands; or (* Slopes over 20%

Fill Out in Ink – NO PENCIL



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

- (8) Setbacks: (measured to the closest point)

Description	Setback Measurements	Description	Setback Measurements
Setback from the Centerline of Platted Road	238' Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	205' Feet	Setback from the River, Stream, Creek	Feet
		Setback from the Bank or Bluff	Feet
Setback from the North Lot Line	370' Feet		
Setback from the South Lot Line	205' Feet	Setback from Wetland	453' Feet
Setback from the West Lot Line	453' Feet	20% Slope Area on the property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	182' Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	N/A Feet	Setback to Well	423' Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

- (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE(s):

All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
For the Construction of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.
The local Town, Village, City, State or Federal agencies may also require permits.

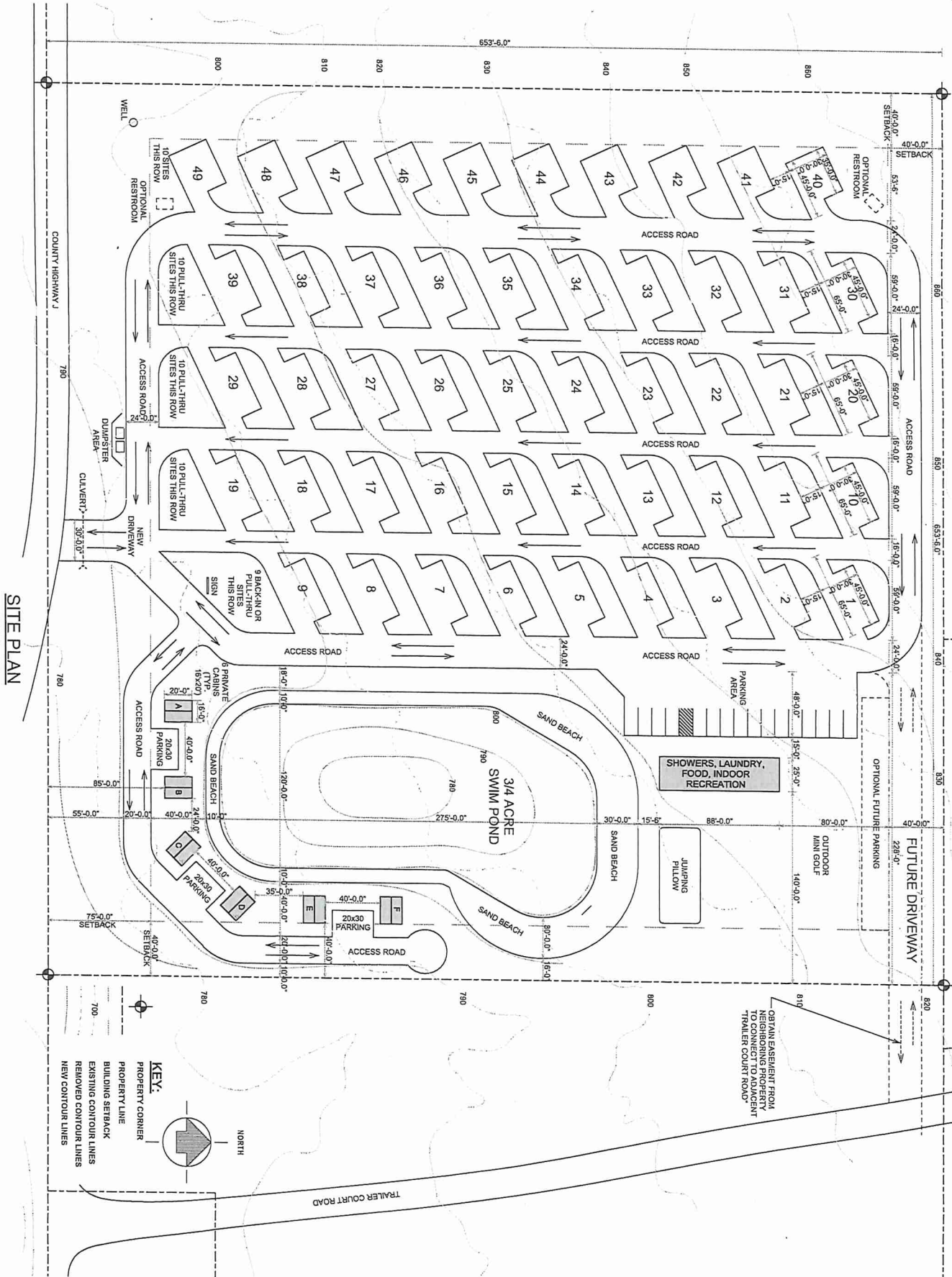
If subject property is part of a Condominium Plat, applicant hereby certifies and represents that applicant has all necessary approvals and recorded documents required to complete the project for which this permit is sought including requirements set forth in Wisconsin statutes pertaining to condominium associations, the Declaration of the Condominium Association in which the property is located, and all other rules, regulations and requirements pertaining to that Condominium Association.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

Issuance Information (County Use Only)		Sanitary Number: <u>N/A Municipal</u>		# of bedrooms:		Sanitary Date:	
Permit Denied (Date):		Reason for Denial:					
Permit #: <u>22-0239</u>		Permit Date: <u>9-9-2022</u>					
Is Parcel a Sub-Standard Lot		<input type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> No		Mitigation Required		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is Parcel in Common Ownership		<input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input checked="" type="checkbox"/> No		Mitigation Attached		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is Structure Non-Conforming		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Affidavit Required		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Affidavit Attached		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)					
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Case #:		Case #:					
Was Parcel Legally Created		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Were Property Lines Represented by Owner		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Was Property Surveyed		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Inspection Record:				Zoning District		(R-RB)	
<u>Concrete slab poured at building site</u>				Lakes Classification		()	
Date of Inspection: <u>8-25-2022</u>		Inspected by: <u>SM</u>		Date of Re-Inspection:			
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No – (If No they need to be attached.)							
<u>To meet all setback S, including eaves and overhangs. Town/State/DNR permits may be needed. Must obtain a VDC permit from locally contracted VDC inspection agency. Bayfield County Health Department permit is required.</u>							
Signature of Inspector: <u>Erica M. Munk</u>				Date of Approval: <u>8-29-2022</u>			
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>		Hold For Fees: <input type="checkbox"/>	

C

Updated Plot Plan 9-9-2020



SITE PLAN
SCALE: 1" = 30'

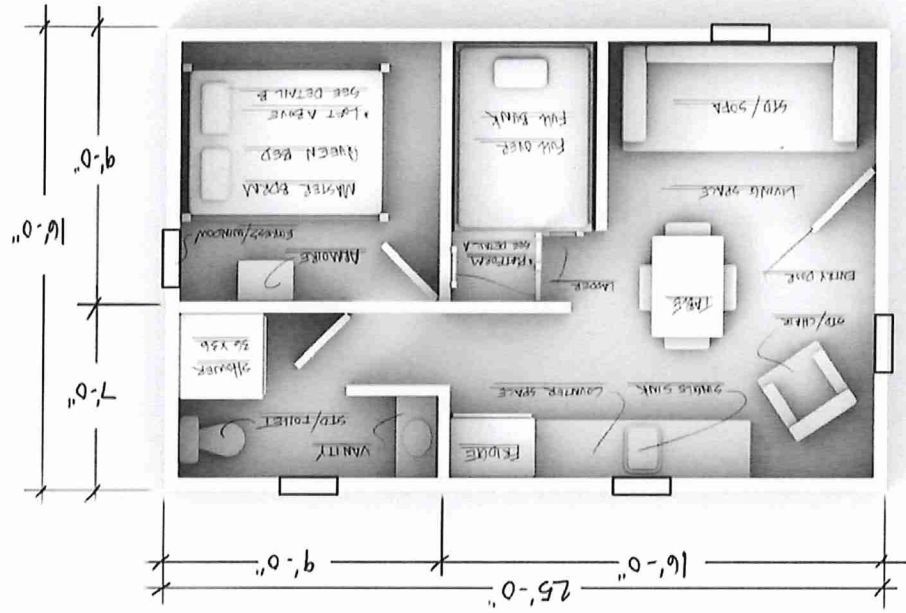
Apostle Islands View Campground

KEY:

- PROPERTY CORNER
- BUILDING SETBACK
- EXISTING CONTOUR LINES
- REMOVED CONTOUR LINES
- NEW CONTOUR LINES

NORTH

PROJECT NO. C100	NOT FOR CONSTRUCTION OF FINAL PRICING	APP. SCALE 1" = 30'	DRAWING 8/31/2020 1:29 PM	TRAILER NO. 19-3398	DESIGN & ENGINEERING with framework design inc. 2072 6th Street West, Ashland, WI 54806 Telephone (715) 682-0330 www.cdesignengineering.com	PROPOSED SCHEMATIC LAYOUT FOR: APOSTLE ISLANDS AREA CAMPGROUND COUNTY HWY J, BAYFIELD, WI 54814	
						SITE PLAN	





June 18, 2021

DNR PROJECT NO. S-2021-0381
DNR REGION: NOR

ROSE LAWYER CLERK
PIKES BAY SANITARY DISTRICT
P.O. BOX 689
BAYFIELD, WI 54891

DNR PLAN APPROVAL for SEWERAGE SYSTEM IMPROVEMENT

Wastewater System Owner: PIKES BAY SANITARY DISTRICT

Consultant: LUND ENGINEERING

Engineer: RANDY LUND, P.E.

Date Project Received: May 4, 2021

Project Description: PLANS for SEWER

Sewer extension of 515' on County Highway J to serve the AIA
Campground in the Town of Bayfield. Specifications are Standard
Specifications for Wi., 6th Ed. And supplementary conditions

The proposed sewerage system improvement included in the above referenced plan submittal is hereby approved in accordance with s. 281.41, Wis. Stats., subject to the following conditions:

1. That a preconstruction conference be held to familiarize the contractor(s) and inspector(s) with the plans, specifications, and conditions of approval.
2. That a competent resident inspector be provided during the course of construction.
3. That erosion control methods be used to prevent siltation to lands and waterways in the vicinity of the construction activity.
4. That all storm and other clear water, including that from sump pumps, roof drains, cistern overflows, and building foundation drains be excluded from these approved sewers (not applicable for combined sewers).
5. That the improvements be installed in accordance with the approved plans and specifications, and the above conditions, or subsequent essential and approved modifications.

This approval is valid for four years from the date of approval. The Department reserves the right to order changes or additions should conditions arise making this necessary.

If you believe you have a right to appeal this decision, you may file a request for a contested case hearing pursuant to s. 227.42, Wis. Stats., or file for judicial review under s. 227.52 and 227.53, Statutes. You have 30 days after this approval is mailed to file your written request for hearing or file and serve your petition for judicial review. Your request for hearing or petition for judicial review must name the Secretary of the Department as respondent. This notice is provided pursuant to s. 227.48, Statutes.

STATE OF WISCONSIN
DEPARTMENT OF NATURAL RESOURCES
For the Secretary

Jason R. Knutson, P.E.
Wastewater Section Chief

Andrew J. Dutcher
Wastewater Engineer

Digitally signed by Andrew
Dutcher
Date: 2021.06.18 12:47:24 -05'00'

cc: Engineer
Greater Bayfield WWTP Commission

Include this stub with your payment

Town, City, Village, State or Federal
Permits May Also Be Required

AFTER-THE-FACT

LAND USE – **X**

SANITARY – **Municipal**

SIGN –

SPECIAL –

CONDITIONAL – **#21-0133**

BOA –

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **22-0239** Issued To: **Apostle Island Camping LLC / Zach & Jennifer Krivoshein**

SE of the

Location: **SW** $\frac{1}{4}$ of **SW** $\frac{1}{4}$ Section **14** Township **50** N. Range **4** W. Town of **Bayfield**
In Doc **2019R-579285**

Gov't Lot	Lot	Block	Subdivision	CSM#
-----------	-----	-------	-------------	------

Commercial

For: **[AFTER-THE-FACT]: [1- Story]; Cabin #2 (25' x 16'); at a Height of 14'**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Meet all setbacks, including eaves and overhangs. Town/State/DNR permits may be needed. Bayfield County Health Dept permit is required prior to serving food. A Uniform Dwelling Code (UDC) Permit from the locally contracted UDC Inspection Agency must be obtained prior to the start of construction.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.
or if any prohibitory conditions are violated.

Erica Meulemans, AZA

Authorized Issuing Official

September 9, 2022

Date

SUBMITTER: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN



Permit #: 22-0237
Date: 8-12-2022
Amount Paid: \$125
Other: check
Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT. Original Application MUST be submitted FILL OUT IN INK (NO PENCIL)

TYPE OF PERMIT REQUESTED	<input checked="" type="checkbox"/> LAND USE	<input type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVY	<input type="checkbox"/> CONDITIONAL USE	<input type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER			
Owner's Name:	Zach & Jennifer Krivoshein		Mailing Address:	85150 Trailer Ct Rd		City/State/Zip:	Bayfield, WI 54814	Telephone:	-	
Address of Property:	35110 S County Hwy J		City/State/Zip:	Bayfield, WI 54814		Cell Phone:			715-410-1100	
Email: (print clearly)	aiacamping@gmail.com									
Contractor:	Devide Bedding		Contractor Phone:	850-303-3234		Plumber:	R.L. Walsh		Plumber Phone:	832-304-8530
Authorized Agent: (Person Signing Application on behalf of Owner(s))	N/A		Agent Phone:	N/A		Agent Mailing Address (include City/State/Zip):	N/A		Written Authorization Required (for Agent)	
PROJECT LOCATION	Legal Description: (Use Tax Statement)		Tax ID#	4636		Recorded Document: (Showing Ownership)				Appl. Island Campng LLC
1/4, 1/4	Gov't Lot	Lot(s)	CSM	Vol & Page	CSM Doc #	Lot(s) #	Block #	Subdivision:		
Section 14	Township 50	N, Range 04	W	Town of: Bayfield		Lot Size		Acreage 10 acres		

<input type="checkbox"/> Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue -->	Distance Structure is from Shoreline : _____ feet	Is your Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue -->	Distance Structure is from Shoreline : _____ feet		

Value at Time of Completion * include donated time & material	Project	Project # of Stories	Project Foundation	Total # of bedrooms on property	What Type of Sewer/Sanitary System(s) Is on the property or Will be on the property?	Type of Water on property
\$75,000	<input type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Basement	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Foundation	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> Slab	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/>
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/>	<input type="checkbox"/> Use	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Year Round	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> None	<input type="checkbox"/>	<input type="checkbox"/>

Existing Structure: (if addition, alteration or business is being applied for)	Length: _____	Width: _____	Height: _____
Proposed Construction: (overall dimensions)	Length: 20'	Width: 12'	Height: _____

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	(X)	
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(X)	
		with Loft	(X)	
		with a Porch	(X)	
		with (2nd) Porch	(X)	
<input checked="" type="checkbox"/> Commercial Use		with a Deck	(X)	
		with (2nd) Deck	(X)	
		with Attached Garage	(X)	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(X)	
	<input type="checkbox"/>	Mobile Home (manufactured date) _____	(X)	
	<input type="checkbox"/>	Addition/Alteration (explain) _____	(X)	
	<input checked="" type="checkbox"/>	Accessory Building (explain) Concession trailer with deck	(12 x 20)	240
	<input type="checkbox"/>	Accessory Building Addition/Alteration (explain) Deck	(30 x 50)	1500
	<input type="checkbox"/>	Special Use: (explain) _____	(X)	
	<input type="checkbox"/>	Conditional Use: (explain) _____	(X)	
	<input type="checkbox"/>	Other: (explain) _____	(X)	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Zach & Jennifer Krivoshein
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date 8-9-22

Authorized Agent: _____ (See Note below)
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date _____

Address to send permit 85150 Trailer Ct Rd Bayfield, WI 54814

Attach
Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

Turn Over

APPLICANT - PLEASE COMPLETE PLOT PLAN

In the box below: **Draw or Sketch your Property** (regardless of what you are applying for)

- (1) Show Location of:

(2) Show / Indicate:

(3) Show Location of (*):

(4) Show:

(5) Show:

(6) Show any (*):

(7) Show any (*):
- Proposed Construction

North (N) on Plot Plan

(*) Driveway and (*) Frontage Road (Name Frontage Road)

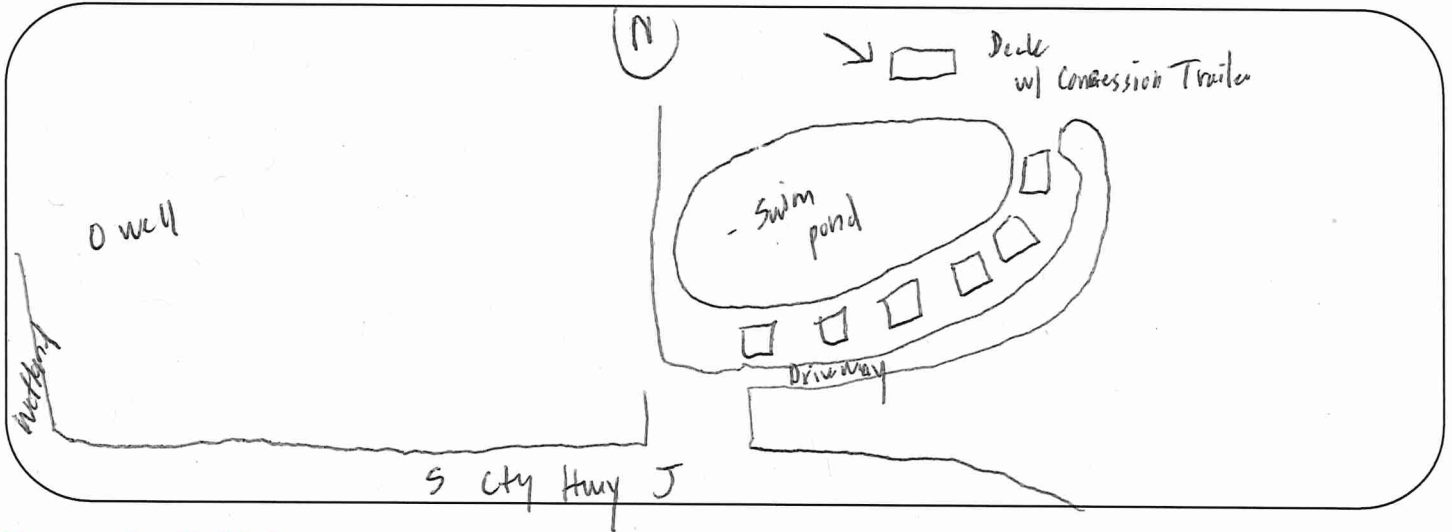
All Existing Structures on your Property

(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)

(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond

(*) Wetlands; or (*) Slopes over 20%

Fill Out in Ink – NO PENCIL



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

- (8) Setbacks: (measured to the closest point)

Description	Setback Measurements		Description	Setback Measurements
Setback from the Centerline of Platted Road	513'	Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	490'	Feet	Setback from the River, Stream, Creek	Feet
			Setback from the Bank or Bluff	Feet
Setback from the North Lot Line	180'	Feet		
Setback from the South Lot Line	480'	Feet	Setback from Wetland	480' Feet
Setback from the West Lot Line	480'	Feet	20% Slope Area on the property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	75'	Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	N/A	Feet	Setback to Well	480' Feet
Setback to Drain Field		Feet		
Setback to Privy (Portable, Composting)		Feet		
Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.				
Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.				

- (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE(s):

All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
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Issuance Information (County Use Only)		Sanitary Number: <u>N/A</u>		# of bedrooms: <u>2</u>		Sanitary Date:	
Permit Denied (Date):		Reason for Denial:					
Permit #: <u>22-0237</u>		Permit Date: <u>9-9-2022</u>					
Is Parcel a Sub-Standard Lot		<input type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> No		Mitigation Required		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is Parcel in Common Ownership		<input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input checked="" type="checkbox"/> No		Mitigation Attached		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is Structure Non-Conforming		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Affidavit Required		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Affidavit Attached		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)					
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Case #:		Case #:					
Was Parcel Legally Created		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Were Property Lines Represented by Owner		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Was Property Surveyed		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Inspection Record:		Proposed site marked		Zoning District		(P-RB)	
Date of Inspection: <u>8-25-2022</u>		Inspected by: <u>EM</u>		Lakes Classification ()			
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No – (If No they need to be attached.)							
To meet all setbacks, including eaves and overhangs. Town/State/OWR permits may be needed. Bayfield County Health Department permit required prior to serving food.							
Signature of Inspector: <u>Erica Markowski</u>				Date of Approval: <u>8-29-2022</u>			
Hold For Sanitary: <input type="checkbox"/> _____		Hold For TBA: <input type="checkbox"/> _____		Hold For Affidavit: <input type="checkbox"/> _____		Hold For Fees: <input type="checkbox"/> _____	



June 18, 2021

DNR PROJECT NO. S-2021-0381
DNR REGION: NOR

ROSE LAWYER CLERK
PIKES BAY SANITARY DISTRICT
P.O. BOX 689
BAYFIELD, WI 54891

DNR PLAN APPROVAL for SEWERAGE SYSTEM IMPROVEMENT

Wastewater System Owner: PIKES BAY SANITARY DISTRICT

Consultant: LUND ENGINEERING

Engineer: RANDY LUND, P.E.

Date Project Received: May 4, 2021

Project Description: PLANS for SEWER

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2. That a competent resident inspector be provided during the course of construction.
3. That erosion control methods be used to prevent siltation to lands and waterways in the vicinity of the construction activity.
4. That all storm and other clear water, including that from sump pumps, roof drains, cistern overflows, and building foundation drains be excluded from these approved sewers (not applicable for combined sewers).
5. That the improvements be installed in accordance with the approved plans and specifications, and the above conditions, or subsequent essential and approved modifications.

This approval is valid for four years from the date of approval. The Department reserves the right to order changes or additions should conditions arise making this necessary.

If you believe you have a right to appeal this decision, you may file a request for a contested case hearing pursuant to s. 227.42, Wis. Stats., or file for judicial review under s. 227.52 and 227.53, Statutes. You have 30 days after this approval is mailed to file your written request for hearing or file and serve your petition for judicial review. Your request for hearing or petition for judicial review must name the Secretary of the Department as respondent. This notice is provided pursuant to s. 227.48, Statutes.

STATE OF WISCONSIN
DEPARTMENT OF NATURAL RESOURCES
For the Secretary

Jason R. Knutson, P.E.
Wastewater Section Chief

Andrew J. Dutcher
Wastewater Engineer

Digitally signed by Andrew
Dutcher
Date: 2021.06.18 12:47:24 -05'00'

cc: *Engineer*
Greater Bayfield WWTP Commission

TOWN OF BAYFIELD TREASURER
BILLIE HOOPMAN
P.O. BOX 742

BAYFIELD WI 54814
Phone: 715-779-3438
E-Mail: bayfieldtreasurer@gmail.com

STATE OF WISCONSIN - BAYFIELD COUNTY
REAL ESTATE PROPERTY TAX BILL FOR 2021

APOSTLE ISLAND CAMPING LLC
TOWN OF BAYFIELD

PAYMENTS should reference: **Tax ID: 4636**

DOCUMENT RECORDING, or anything Else should reference:
PIN: 04-006-2-50-04-14-3 03-000-30000
Alternate/Legacy ID: 006-1029-06 000
Ownership: APOSTLE ISLAND CAMPING LLC

APOSTLE ISLAND CAMPING LLC
2253 SISKEN LN
KRONENWETTER WI 54455

Important: Be sure this covers your property. Note that this description is for tax bills only and may not be a full legal description. See reverse side for important information.
Property Description / Location of Property
Site Address: 35110 S COUNTY HWY J

Description: Sec 14 Tn 50 Rg 04 SE SW SW IN DOC 2019R-579285 221

Please include self-addressed, stamped envelope for return receipt.
Please inform your treasurer of any billing address changes.

Acreage: 10.000
Document: 2021R-587476

Assessed Value			Average Assessment Ratio	Net Assessed Value Rate (Does NOT reflect lottery or first dollar credit) 0.018439143	Real Estate Tax: 920.11 First Dollar Credit: -82.33 Lottery Credit: -0.00 Net Real Estate Tax: 837.78 SEWER 1,232.91 Total Due: 2,070.69
Land	Improved	Total			
\$42,900	\$7,000	\$49,900	0.94532		
Estimated Fair Market Value			An "X" means unpaid prior year taxes. <input type="checkbox"/>	School taxes reduced by school levy tax credit. \$105.16	
Land	Improved	Total			
\$45,400	\$7,400	\$52,800			
Estimated State Aids					
Allocated Tax District			Net Tax		% Tax Change
			2020	2021	
Taxing Jurisdiction	2020	2021	2020	2021	
COUNTY	63,260	67,294	214.75	213.46	-0.6
TOWN OF BAYFIELD	207,900	216,040	184.91	185.37	0.2
SCHL-BAYFIELD	417,197	450,725	495.16	474.26	-4.2
TECHNICAL COLLEGE	131,405	138,017	18.87	16.94	-10.2
PIKES BAY SANITARY	0	0	25.43	30.08	18.3
Totals	819,762	872,076	939.12	920.11	-2.0
First Dollar Credit			84.56	82.33	-2.6
Lottery & Gaming Credit			0.00	0.00	0.0
Net Property Tax			854.56	837.78	-2.0

For full payment pay to TOWN OF BAYFIELD
treasurer by
January 31, 2022

Warning
If not paid by due dates, installment
option is lost and total tax is delinquent
and subject to interest and if applicable,
penalty. (See reverse)

Pay **1st** Installment Of: **1,651.80**
Or Pay **Full** Payment Of: **2,070.69**
by January 31, 2022

Pay **2nd** Installment Of: **418.89**
by July 31, 2022

Amount enclosed: _____
APOSTLE ISLAND CAMPING LLC
Tax ID: 4636 (006)
Make payment payable and mail to:
TOWN OF BAYFIELD TREASURER
BILLIE HOOPMAN
P.O. BOX 742
BAYFIELD WI 54814
Include this stub with your payment
Or to Pay Online see *Credit*
Card Payments on back

Amount enclosed: _____
APOSTLE ISLAND CAMPING LLC
Tax ID: 4636 (006)
Make payment payable and mail to:
BAYFIELD COUNTY TREASURER
JENNA GALLIGAN
PO BOX 397
WASHBURN WI 54891
Include this stub with your payment

Payment	Pay your property taxes to the proper treasurer as identified on the front of this tax bill.																										
Failure to Pay Timely	<p>If your tax bill qualifies and if you choose to pay your taxes in installments, then you must pay each installment on or before 5 working days after the due date or the TOTAL amount of your remaining unpaid taxes, special assessments, special charges and special taxes (if any) will be delinquent. (sec. 74.11(7) or 74.12 & 74.87, Wis. Stats.) All delinquent taxes are subject to interest of 1% per month (fraction of a month counts as a whole month) from February 1 until paid, and in addition, may be subject to an additional penalty. (sec. 74.47, Wis. Stats.) The payment must be received by the treasurer within 5 working days of the due date. Due to variations in mail delivery you may want to pay the installment in person to the municipal or county treasurer on or before 5 working days after the due date.</p> <div> <div> BAYFIELD COUNTY TREASURER JENNA GALLIGAN jenna.galligan@bayfieldcounty.wi.gov </div> <div> PO BOX 397 WASHBURN WI 54891 (715) 373-6131 </div> </div>																										
Personal Property	Personal property taxes, except improvements on leased land, must be paid in full to the municipal treasurer on or before 5 working days after January 31 or the taxes are delinquent.																										
Credit Card Payments	<p>There will be an additional fee/charge on All Credit Card/On Line payments.</p> <p>Current year taxes: In December through January 31, 2021: Pay to the TOWN OF BAYFIELD at https://www.govpaynow.com/gps/user/cyg/plc/a0038z</p>																										
Receipts	Provide/include a copy of this tax bill, payment stub, or Tax ID number with your payment. Receipts will NOT be mailed unless a self-addressed, stamped envelope is included. A receipt can also be printed from the Bayfield County website at www.bayfieldcounty.wi.gov . If making payment by check, your tax receipt is not valid until the check has cleared all banks.																										
Est. Fair Market	ESTIMATED FAIR MARKET VALUE. In addition to the assessed value, Wisconsin law requires that your taxation district show the estimated fair market value of taxable property on property tax bills for all classifications except agricultural land. This estimated fair market value reflects the approximate market value of your property as of January 1 of the year shown at the top of this bill. Note: Land classified undeveloped or agricultural forest is assessed at 50% of market value under Wisconsin law. Additional property value information may be available on your municipality or county website. (See below: Use Value Assessment)																										
Referenda / Resolutions	For informational purposes only - Wisconsin law requires information to be displayed for any temporary property tax increases approved through a referendum or resolution by a county, municipality, school district, or technical college. If you would like more information, contact the taxing jurisdiction directly.																										
Use Value Assessment	Wisconsin law does not require that the estimated fair market value be shown for agricultural land. Any parcel benefiting from use value assessment may be subject to a penalty under sec. 74.485, Wis. Stats., if the use of the parcel changes. If you would like more information, contact your local assessor or the Department of Revenue, PO Box 8971, Madison WI 53708-8971.																										
County Property and Tax information Web Site:	www.bayfieldcounty.wi.gov																										
Additional Tax Credits Available	<p>Certain Wisconsin property owners and renters may qualify for additional tax credits and/or loan assistance under special programs administered by the Wisconsin Department of Revenue (DOR), the Department of Agriculture, Trade and Consumer Protection (DATCP), Wisconsin Housing and Economic Development Authority (WHEDA). Some income and residency restrictions apply. For more information on several of these programs, visit the DOR website: revenue.wi.gov.</p> <table> <tr> <td><u>Income Tax Credits</u> -</td><td>Wisconsin Department of Revenue; Box 8949; Madison WI 53708-8949</td></tr> <tr> <td>• Homestead Credit</td><td>(email: dorhomesteadcredit@wisconsin.gov)</td></tr> <tr> <td>• Farmland Preservation Credit</td><td>(email: dorfarmlandpreservationcredit@wisconsin.gov)</td></tr> <tr> <td>• School Property Tax Credit</td><td>(email: dorincome@wisconsin.gov)</td></tr> <tr> <td>• Veterans and Surviving Spouses Property Tax Credit</td><td>(email: dorincome@wisconsin.gov)</td></tr> <tr> <td><u>DATCP Credit</u> -</td><td>Wisconsin Department of Agriculture, Trade and Consumer Protection; Box 8911; Madison WI 53708-8911</td></tr> <tr> <td>• Farmland Preservation Credit</td><td></td></tr> <tr> <td><u>Loan Assistance</u> -</td><td>WHEDA; Box 1728, Madison WI 53701-1728</td></tr> <tr> <td>• Property Tax Deferral Loans for the Elderly •</td><td>(email: underwriting@wheda.com)</td></tr> <tr> <td><u>Property Tax Credits</u> -</td><td>Email: lgs@wisconsin.gov – Wisconsin Department of Revenue 6-97; Box 8971; Madison WI 53708-8971</td></tr> <tr> <td>• Lottery and Gaming Credit</td><td>(email: lgs@wisconsin.gov)</td></tr> <tr> <td>• First Dollar Credit</td><td>(email: lgs@wisconsin.gov)</td></tr> <tr> <td>• School Levy Tax Credit</td><td>(email: lgs@wisconsin.gov)</td></tr> </table>	<u>Income Tax Credits</u> -	Wisconsin Department of Revenue; Box 8949; Madison WI 53708-8949	• Homestead Credit	(email: dorhomesteadcredit@wisconsin.gov)	• Farmland Preservation Credit	(email: dorfarmlandpreservationcredit@wisconsin.gov)	• School Property Tax Credit	(email: dorincome@wisconsin.gov)	• Veterans and Surviving Spouses Property Tax Credit	(email: dorincome@wisconsin.gov)	<u>DATCP Credit</u> -	Wisconsin Department of Agriculture, Trade and Consumer Protection; Box 8911; Madison WI 53708-8911	• Farmland Preservation Credit		<u>Loan Assistance</u> -	WHEDA; Box 1728, Madison WI 53701-1728	• Property Tax Deferral Loans for the Elderly •	(email: underwriting@wheda.com)	<u>Property Tax Credits</u> -	Email: lgs@wisconsin.gov – Wisconsin Department of Revenue 6-97; Box 8971; Madison WI 53708-8971	• Lottery and Gaming Credit	(email: lgs@wisconsin.gov)	• First Dollar Credit	(email: lgs@wisconsin.gov)	• School Levy Tax Credit	(email: lgs@wisconsin.gov)
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Town, City, Village, State or Federal
Permits May Also Be Required

LAND USE – **X**
SANITARY – **Municipal**
SIGN –
SPECIAL –
CONDITIONAL – **#21-0133**
BOA –

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **22-0237** Issued To: **Apostle Island Camping LLC / Zach & Jennifer Krivoshein**

SE of the
Location: **SW** $\frac{1}{4}$ of **SW** $\frac{1}{4}$ Section **14** Township **50** N. Range **4** W. Town of **Bayfield**
In Doc **2019R-579285**

Gov't Lot	Lot	Block	Subdivision	CSM#
-----------	-----	-------	-------------	------

Commercial

For: **Other: [1- Story]; Concession Trailer (20' x 12'); with Deck (50' x 30') = 1,740 sq. ft.] Height of ____'**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Meet all setbacks, including eaves and overhangs. Town/State/DNR permits may be needed. Bayfield County Health Dept permit is required prior to serving food.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Erica Meulemans, AZA

Authorized Issuing Official

September 9, 2022

Date

Submit: Completed Application, Tax Statement and Fee to:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

Cond / Use - 21-0133
APPLICATION FOR PERMIT
RECEIVED
Date Stamp (Received)
AUG 12 2022
Bayfield Co.
Planning and Zoning Agency

Permit #: 22-0240
Date: 250 9-9-22
Amount Paid: 8-72-2022
Other: check 250 9-9-22
Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Original Application MUST be submitted

FILL OUT IN INK (NO PENCIL)

TYPE OF PERMIT REQUESTED										LAND USE										SANITARY										PRIVY										CONDITIONAL USE										SPECIAL USE										B.O.A.										OTHER																			
Owner's Name: Lach & Jennifer Krivoshein										Mailing Address: 85150 Traylor Ct. Rd										City/State/Zip: Bayfield, WI 54814										Telephone: 715-470-1100																																																											
Address of Property: 35110 S City Hwy J										City/State/Zip: Bayfield, WI 54814										Cell Phone: 715-470-1100																																																																					
Email: (print clearly) gia.camping@gmail.com										Contractor: Dennis Bedding										Contractor Phone: 850-305-3234										Plumber: Rob Walsh										Plumber Phone: 850-306-8530																																																	
Authorized Agent: (person Signing Application on behalf of Owner(s))										Agent Phone:										Agent Mailing Address (include City/State/Zip):										Written Authorization Required (for Agent)																																																											
PROJECT LOCATION										Legal Description: (Use Tax Statement)										Tax ID# 4636										Recorded Document: (Showing Ownership) Agate Island Campers LLC																																																											
1/4, 1/4										Gov't Lot										Lot(s)										CSM										Vol & Page										CSM Doc #										Lot(s) #										Block #										Subdivision:									
Section 14										Township 50										N										Range 04										W										Town of: Bayfield										Lot Size										Acreage 10 acres																			

<input type="checkbox"/> Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue -->	Distance Structure is from Shoreline : _____ feet	
		Distance Structure is from Shoreline : _____ feet	
<input checked="" type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue -->	Distance Structure is from Shoreline : _____ feet	
		Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Value at Time of Completion * include donated time & material \$85,000	Project	Project # of Stories	Project Foundation	Total # of bedrooms on property	What Type of Sewer/Sanitary System(s) Is on the property or Will be on the property?		Type of Water																		
					<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story		<input type="checkbox"/> Basement	<input checked="" type="checkbox"/> Municipal/City	<input type="checkbox"/> (New) Sanitary	Specify Type:	<input type="checkbox"/> City													
													<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Foundation	<input type="checkbox"/> Well									
																	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input checked="" type="checkbox"/> Slab	<input type="checkbox"/> Sanitary (Exists)	Specify Type:	<input type="checkbox"/>			
																							<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																			

Existing Structure: (if addition, alteration or business is being applied for)	Length: 25'	Width: 16'	Height: 14'
Proposed Construction: (overall dimensions)	Length: 25'	Width: 16'	Height: 14'

<input type="checkbox"/> Residential Use <input checked="" type="checkbox"/> Commercial Use <input type="checkbox"/> Municipal Use	Proposed Structure	Dimensions	Square Footage			
				<input type="checkbox"/> Principal Structure (first structure on property)	(X)	
				<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	(X)	
				<input type="checkbox"/>	(X)	
				<input type="checkbox"/>	(X)	
				<input type="checkbox"/>	(X)	
				<input type="checkbox"/>	(X)	
				<input type="checkbox"/>	(X)	
				<input type="checkbox"/>	(X)	
				<input checked="" type="checkbox"/>	Camp Cabin with Attached Garage #13	(16 X 25)
<input type="checkbox"/>	Bunkhouse w/ (✓) sanitary, or ✓ sleeping quarters, or □ cooking & food prep facilities	(X)				
<input type="checkbox"/>	Mobile Home (manufactured date)	(X)				
<input type="checkbox"/>	Addition/Alteration (explain)	(X)				
<input type="checkbox"/>	Accessory Building (explain)	(X)				
<input type="checkbox"/>	Accessory Building Addition/Alteration (explain)	(X)				
<input type="checkbox"/>	Special Use: (explain)	(X)				
<input type="checkbox"/>	Conditional Use: (explain)	(X)				
<input type="checkbox"/>	Other: (explain)	(X)				

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): [Signature] Date 8-9-22

(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: [Signature] Date

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit 85150 Traylor Ct Rd Bayfield, WI 54814

Attach
Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

Turn Over

RECEIVED

RECEIVED

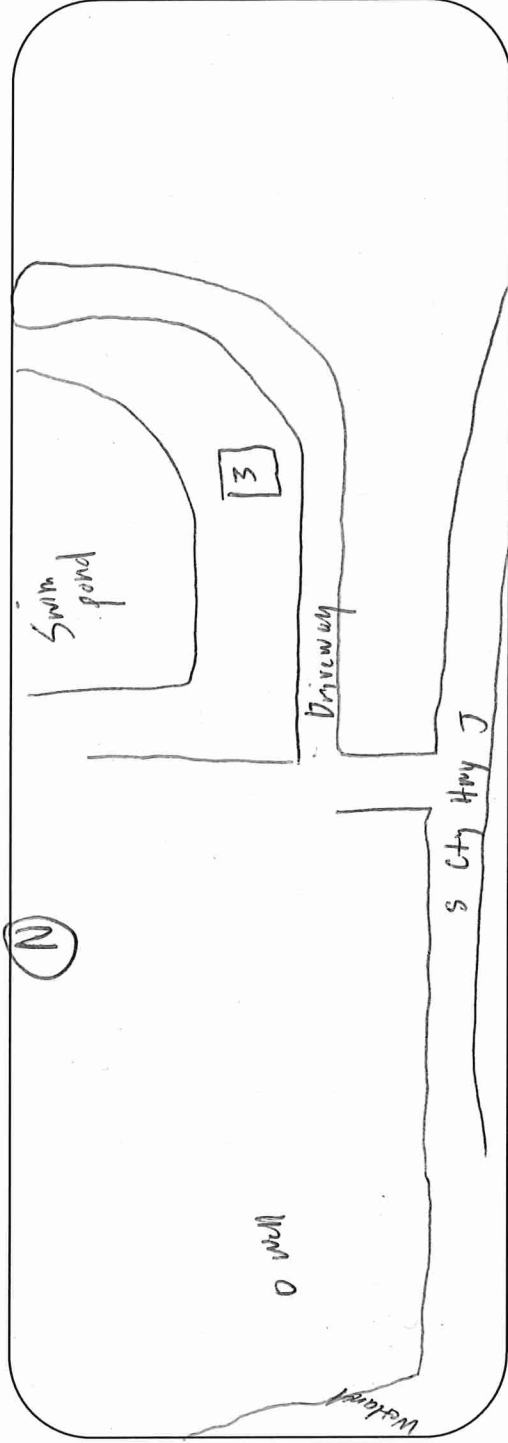
RECEIVED

RECEIVED

In the box below: **Draw or Sketch your Property** (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
 (2) Show / Indicate: **North (N)** on Plot Plan
 (3) Show Location of (*): **(*) Driveway and (*) Frontage Road (Name Frontage Road)**
 (4) Show: **All Existing Structures on your Property**
 (5) Show: **(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)**
 (6) Show any (*): **(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond**
 (7) Show any (*): **(*) Wetlands; or (*) Slopes over 20%**

Fill Out in Ink – **NO PENCIL**



Please complete (1) – (7) above (prior to continuing)

- (8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Setback Measurements	Description	Setback Measurements
Setback from the Centerline of Platted Road	238'	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	205'	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	310'	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	205'	Setback from Wetland	503'
Setback from the West Lot Line	503'	20% Slope Area on the property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	132'	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	N/A	Setback to Well	475'
Setback to Drain Field			
Setback to Privy (Portable, Composting)			

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

- (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

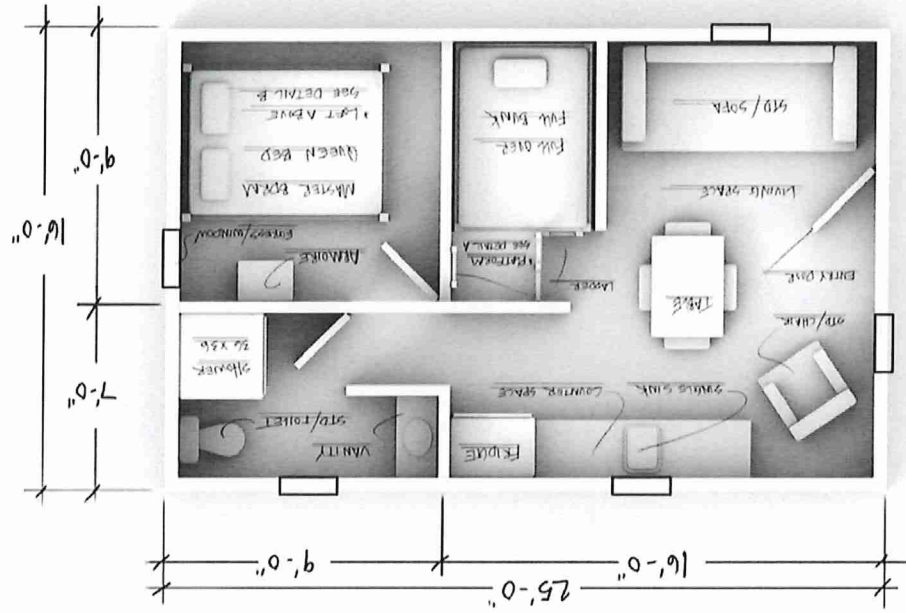
NOTICE(s):

All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
 For the Construction of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.
 The local Town, Village, City, State or Federal agencies may also require permits.

If subject property is part of a Condominium Plat, applicant hereby certifies and represents that applicant has all necessary approvals and recorded documents required to complete the project for which this permit is sought including requirements set forth in Wisconsin statutes pertaining to condominium associations, the Declaration of the Condominium Association in which the property is located, and all other rules, regulations and requirements pertaining to that Condominium Association.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

Issuance Information (County Use Only)		Sanitary Number: <u>444 Municipal</u>	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: <u>22-0240</u>	Permit Date: <u>9-9-22</u>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Deed of Record) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Fused/Contiguous Lot(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Case #:		Case #:		
Was Parcel Legally Created <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Affidavit Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Was Proposed Building Site Delineated <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Affidavit Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Inspection Record: <u>concrete used for building site</u>		Zoning District (P-RS) Lakes Classification ()		
Date of Inspection: <u>8-25-2022</u>	Inspected by: <u>SM</u>	Date of Re-Inspection:		
Condition(s): <u>Town, Committee or Board Conditions Attached?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No – (if No they need to be attached.)				
<u>To meet all setbacks, including eaves and overhangs. Town/State/PRR permits may be needed. Must obtain a Uniform Dwelling Code (UDC) permit from locally contracted UDC inspection agency Bayfield County Health Department permit is required.</u>				
Signature of Inspector: <u>Diana M. Mendenhall</u>		Date of Approval: <u>8-24-2022</u>		
Hold For Sanitary: <input type="checkbox"/> _____	Hold For TBA: <input type="checkbox"/> _____	Hold For Affidavit: <input type="checkbox"/> _____	Hold For Fees: <input type="checkbox"/> _____	



State of Wisconsin
DEPARTMENT OF NATURAL RESOURCES
101 S. Webster Street
Box 7921
Madison WI 53707-7921



Tony Evers, Governor
Preston D. Cole, Secretary
Telephone 608-266-2621
Fax 608-267-3579
TTY Access via relay - 711

June 18, 2021

ROSE LAWYER CLERK
PIKES BAY SANITARY DISTRICT
P.O. BOX 689
BAYFIELD, WI 54891

DNR PROJECT NO. S-2021-0381
DNR REGION: NOR

DNR PLAN APPROVAL for SEWERAGE SYSTEM IMPROVEMENT

Wastewater System Owner: PIKES BAY SANITARY DISTRICT

Consultant: LUND ENGINEERING

Engineer: RANDY LUND, P.E.

Date Project Received: May 4, 2021

Project Description: PLANS for SEWER

Sewer extension of 515' on County Highway J to serve the AIA Campground in the Town of Bayfield. Specifications are Standard Specifications for Wi., 6th Ed. And supplementary conditions

The proposed sewerage system improvement included in the above referenced plan submittal is hereby approved in accordance with s. 281.41, Wis. Stats., subject to the following conditions:

1. That a preconstruction conference be held to familiarize the contractor(s) and inspector(s) with the plans, specifications, and conditions of approval.
2. That a competent resident inspector be provided during the course of construction.
3. That erosion control methods be used to prevent siltation to lands and waterways in the vicinity of the construction activity.
4. That all storm and other clear water, including that from sump pumps, roof drains, cistern overflows, and building foundation drains be excluded from these approved sewers (not applicable for combined sewers).
5. That the improvements be installed in accordance with the approved plans and specifications, and the above conditions, or subsequent essential and approved modifications.

This approval is valid for four years from the date of approval. The Department reserves the right to order changes or additions should conditions arise making this necessary.

If you believe you have a right to appeal this decision, you may file a request for a contested case hearing pursuant to s. 227.42, Wis. Stats., or file for judicial review under s. 227.52 and 227.53, Statutes. You have 30 days after this approval is mailed to file your written request for hearing or file and serve your petition for judicial review. Your request for hearing or petition for judicial review must name the Secretary of the Department as respondent. This notice is provided pursuant to s. 227.48, Statutes.

STATE OF WISCONSIN
DEPARTMENT OF NATURAL RESOURCES
For the Secretary

Jason R. Knutson, P.E.
Wastewater Section Chief

cc: Engineer

Greater Bayfield WWTP Commission

Andrew J. Dutcher
Wastewater Engineer

Digitally signed by Andrew
Dutcher
Date: 2021.06.18 12:47:24 -05'00'

TOWN OF BAYFIELD TREASURER
BILLIE HOOPMAN
P.O. BOX 742

BAYFIELD WI 54814
Phone: 715-779-3438
E-Mail: bayfieldtreasurer@gmail.com

STATE OF WISCONSIN - BAYFIELD COUNTY
REAL ESTATE PROPERTY TAX BILL FOR 2021

APOSTLE ISLAND CAMPING LLC
TOWN OF BAYFIELD

PAYMENTS should reference:
Tax ID: 4636
DOCUMENT RECORDING, or anything Else should reference:
PIN: 04-006-2-50-04-14-3 03-000-30000
Alternate/Legacy ID: 006-1029-06 000
Ownership: APOSTLE ISLAND CAMPING LLC

APOSTLE ISLAND CAMPING LLC
2253 SISKEN LN
KRONENWETTER WI 54455

Important: Be sure this covers your property. Note that this description is for tax bills only and may not be a full legal description. See reverse side for important information.
Property Description / Location of Property
Site Address: 35110 S COUNTY HWY J

Description: Sec 14 Tn 50 Rg 04 SE SW SW IN DOC 2019R-579285 221

Please include self-addressed, stamped envelope for return receipt.
Please inform your treasurer of any billing address changes.

Assessed Value		Average Assessment Ratio	Document: 2021R-587476	Acres: 10.000
Land	Improved	0.94532	Net Assessed Value Rate	Real Estate Tax: 920.11
\$42,900	\$7,000		(Does NOT reflect lottery or first dollar credit) 0.018439143	First Dollar Credit: -82.33
Estimated Fair Market Value		An "X" means unpaid prior year taxes. <input type="checkbox"/>	Net Tax	Lottery Credit: -0.00
Land	Improved			Net Real Estate Tax: 837.78
\$45,400	\$7,400			SEWER 1,232.91
Estimated State Aids			Total Due:	2,070.69
Allocated Tax District			For full payment pay to TOWN OF BAYFIELD treasurer by January 31, 2022	
Taxing Jurisdiction	2020	2021	% Tax Change	
COUNTY	63,260	67,294	213.46	-0.6
TOWN OF BAYFIELD	207,900	216,040	185.37	0.2
SCHL-BAYFIELD	417,197	450,725	474.26	-4.2
TECHNICAL COLLEGE	131,405	138,017	16.94	-10.2
PIKES BAY SANITARY	0	0	30.08	18.3

Totals	819,762	872,076	939.12	920.11	-2.0
First Dollar Credit			84.56	82.33	-2.6
Lottery & Gaming Credit			0.00	0.00	0.0
Net Property Tax			854.56	837.78	-2.0

Pay **1st** Installment Of: **1,651.80**
Or Pay **Full** Payment Of: **2,070.69**
by **January 31, 2022**

Amount enclosed:
APOSTLE ISLAND CAMPING LLC
Tax ID: 4636 (006)
Make payment payable and mail to:
TOWN OF BAYFIELD TREASURER
BILLIE HOOPMAN
P.O. BOX 742
BAYFIELD WI 54814
Include this stub with your payment
Or to Pay Online see *Credit Card Payments* on back

Pay **2nd** Installment Of: **418.89**
by **July 31, 2022**

Amount enclosed:
APOSTLE ISLAND CAMPING LLC
Tax ID: 4636 (006)
Make payment payable and mail to:
BAYFIELD COUNTY TREASURER
JENNA GALLIGAN
PO BOX 397
WASHBURN WI 54891
Include this stub with your payment

Town, City, Village, State or Federal
Permits May Also Be Required
AFTER-THE-FACT
LAND USE – **X**
SANITARY – **Municipal**
SIGN –
SPECIAL –
CONDITIONAL – **#21-0133**
BOA –

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

Gov't Lot	Lot	Block	Subdivision	CSM#										
No.														
22-0240														
Issued To: Apostle Island Camping LLC / Zach & Jennifer Krivoshein														
SE of the														
Location: SW ¼ of SW ¼ Section 14 Township 50 N. Range 4 W. Town of Bayfield														
In Doc 2019R-579285														

Commercial
For: **[AFTER-THE-FACT]: [1- Story]; Cabin #3 (25' x 16'); at a Height of 14'**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Meet all setbacks, including eaves and overhangs. Town/State/DNR permits may be needed. Bayfield County Health Dept permit is required prior to serving food. A Uniform Dwelling Code (UDC) Permit from the locally contracted UDC Inspection Agency must be obtained prior to the start of construction.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.
or if any prohibitory conditions are violated.

Erica Meulemans, AZA
Authorized Issuing Official
September 9, 2022
Date

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)
RECEIVED
AUG 12 2022

Bayfield Co.
Planning and Zoning Agency

Permit #:	22-0241
Date:	250-9-9-22
Amount Paid:	250 8-12-2022 check
Other:	ATF 250 9-9-22
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT. Original Application MUST be submitted FILL OUT IN INK (NO PENCIL)

TYPE OF PERMIT REQUESTED <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: Zach & Jennifer Krivoshein	Mailing Address: 85150 Trailer Ct Rd.	City/State/Zip: Bayfield, WI 54814	Telephone: Cell Phone: 715-470-1100
Address of Property: 35110 S City Hwy J a/c camping @ gmail.com		City/State/Zip: Email: (print clearly)	
Contractor: Dwight Bedding	Contractor Phone: 850-303-3494	Plumber: Rob Walsh	Plumber Phone: 852-306-8530
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Agent Phone: Agent Mailing Address (include City/State/Zip):	Written Authorization Required (for Agent)
PROJECT LOCATION 1/4, 1/4	Legal Description: (Use Tax Statement)	Tax ID# 4636	Recorded Document: (Showing Ownership) August 15 Land Camping LLC
Gov't Lot	Lot(s)	CSM	Vol & Page
CSM Doc #	Lot(s) #	Block #	Subdivision:
Section 14	Township 50 N, Range 04 W	Town of: Bayfield	Lot Size Acreage 10 acres

<input type="checkbox"/> Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline : _____ feet	Is your Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline : _____ feet		
<input checked="" type="checkbox"/> Non-Shoreland				

Value at Time of Completion * include donated time & material	Project	Project # of Stories	Project Foundation	Total # of bedrooms on property	What Type of Sewer/Sanitary System(s) Is on the property or Will be on the property?	Type of Water on property
\$ 85,000	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Basement	<input checked="" type="checkbox"/> 1	<input checked="" type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Foundation	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input checked="" type="checkbox"/> Slab	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/>
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/>	<input type="checkbox"/> Year Round	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>
					<input type="checkbox"/> None	

Existing Structure: (if addition, alteration or business is being applied for)	Length:	Width:	Height:
Proposed Construction: (overall dimensions)	Length: 25'	Width: 16'	Height: 14'

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	(X)	
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(X)	
		with Loft	(X)	
		with a Porch	(X)	
		with (2nd) Porch	(X)	
<input checked="" type="checkbox"/> Commercial Use		with a Deck	(X)	
		with (2nd) Deck	(X)	
		Camp Cabin with Attached Garage #4	(X)	
<input type="checkbox"/> Municipal Use	<input checked="" type="checkbox"/>	Bunkhouse w/ (<input checked="" type="checkbox"/> sanitary, or <input checked="" type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(16 X 25)	400
	<input type="checkbox"/>	Mobile Home (manufactured date) _____	(X)	
	<input type="checkbox"/>	Addition/Alteration (explain) _____	(X)	
	<input type="checkbox"/>	Accessory Building (explain) _____	(X)	
	<input type="checkbox"/>	Accessory Building Addition/Alteration (explain) _____	(X)	
	<input type="checkbox"/>	Special Use: (explain) _____	(X)	
	<input type="checkbox"/>	Conditional Use: (explain) _____	(X)	
	<input type="checkbox"/>	Other: (explain) _____	(X)	

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): [Signature]
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date 8-9-22

Authorized Agent: [Signature] (See Note below)
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date

Address to send permit 85150 Trailer Ct. Rd Bayfield, WI 54814

Attach
Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

Turn Over

PAULSEN, ANDERSON & COMPANY
BOSTON, MASS.

MAY 1 1898

RECEIVED

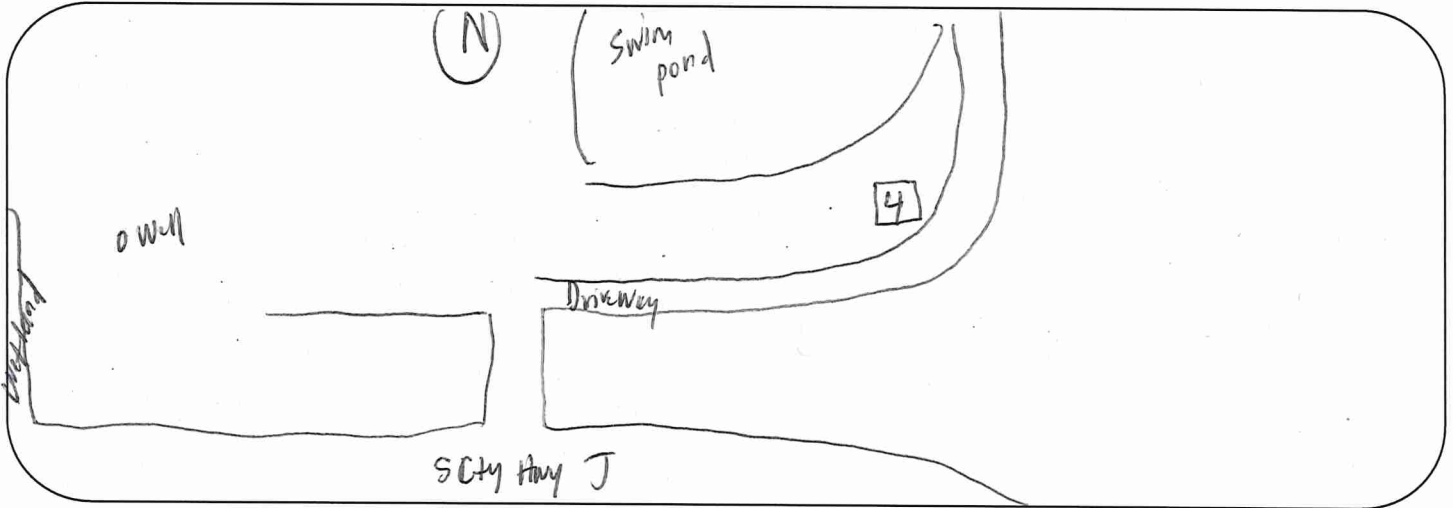
111

APPLICANT - PLEASE COMPLETE PLOT PLAN

In the box below: **Draw or Sketch your Property** (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%

Fill Out in Ink – NO PENCIL



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

- (8) Setbacks: (measured to the closest point)

Description	Setback Measurements	Description	Setback Measurements
Setback from the Centerline of Platted Road	290' Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	277' Feet	Setback from the River, Stream, Creek	Feet
		Setback from the Bank or Bluff	Feet
Setback from the North Lot Line	355' Feet	Setback from Wetland	552' Feet
Setback from the South Lot Line	277' Feet	20% Slope Area on the property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the West Lot Line	552' Feet	Elevation of Floodplain	Feet
Setback from the East Lot Line	72' Feet		
Setback to Septic Tank or Holding Tank	N/A Feet	Setback to Well	522' Feet
Setback to Drain Field	↓ Feet		
Setback to Privy (Portable, Composting)	↓ Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

- (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE(s): All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
For the Construction of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.
The local Town, Village, City, State or Federal agencies may also require permits.

If subject property is part of a Condominium Plat, applicant hereby certifies and represents that applicant has all necessary approvals and recorded documents required to complete the project for which this permit is sought including requirements set forth in Wisconsin statutes pertaining to condominium associations, the Declaration of the Condominium Association in which the property is located, and all other rules, regulations and requirements pertaining to that Condominium Association.

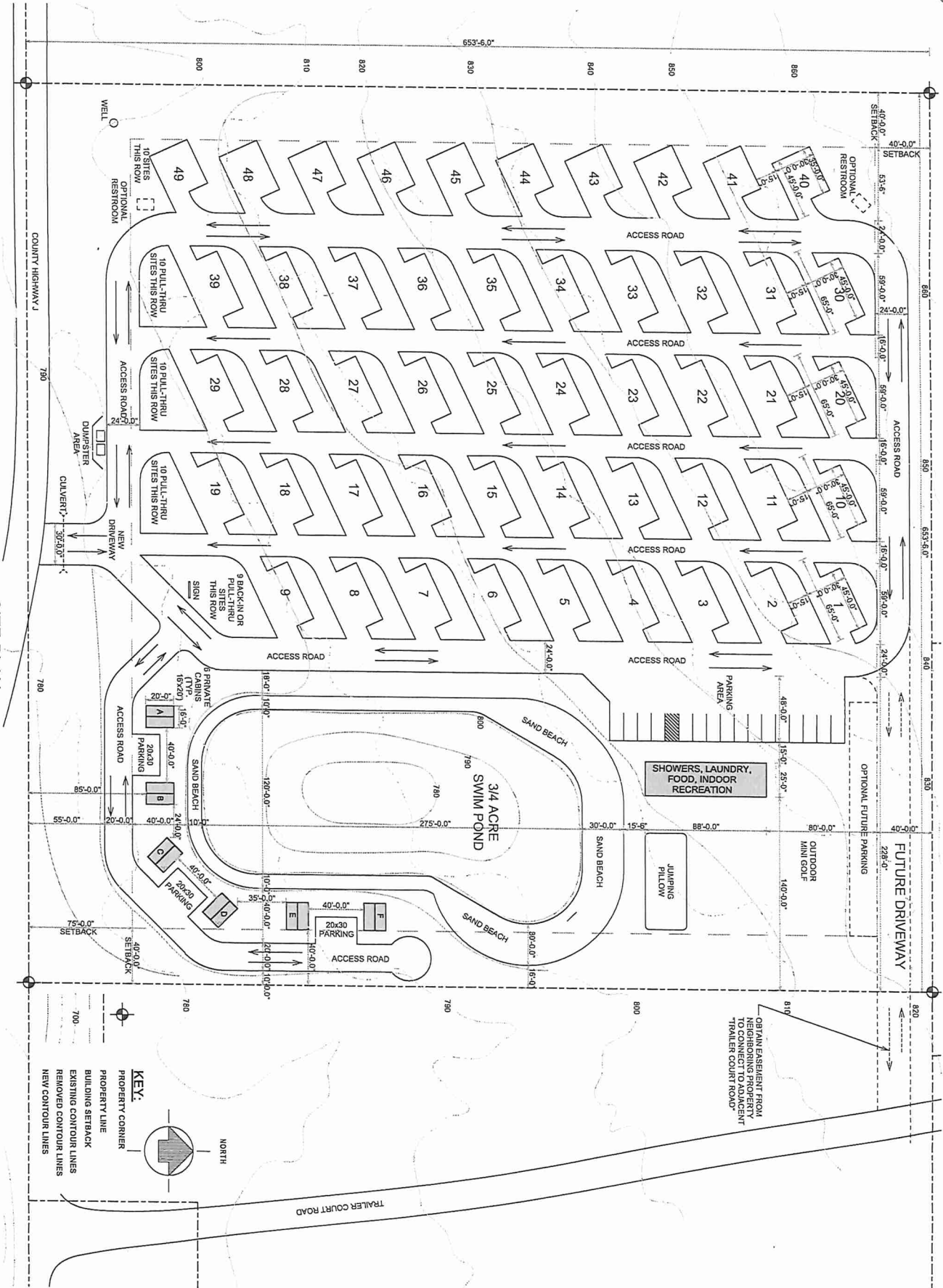
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Issuance Information (County Use Only)		Sanitary Number: <u>AVA Municipal</u>	# of bedrooms:	Sanitary Date:	
Permit Denied (Date):		Reason for Denial:			
Permit #: <u>22-0241</u>		Permit Date: <u>9-9-2022</u>			
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:			
Was Parcel Legally Created		Were Property Lines Represented by Owner			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Was Proposed Building Site Delineated		Was Property Surveyed			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Inspection Record:		Zoning District (R-RB)			
<u>Concrete slab already poured at build site.</u>		Lakes Classification ()			
Date of Inspection: <u>8-25-2022</u>		Inspected by: <u>EM</u>		Date of Re-Inspection:	
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No – (If No they need to be attached.)					
<u>To meet all set backs, including eaves and overhangs. Town/State/PUR permits may be needed. Must obtain a Uniform Dwelling Code (UDC) permit from locally contracted UDC inspection agency. Bayfield County Health Department permit is required.</u>					
Signature of Inspector: <u>Erica Mulgrew</u>				Date of Approval: <u>8-29-2022</u>	
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>	
Hold For Fees: <input type="checkbox"/>		Hold For Fees: <input type="checkbox"/>		Hold For Fees: <input type="checkbox"/>	

C

Updated Plot Plan 9-9-2020

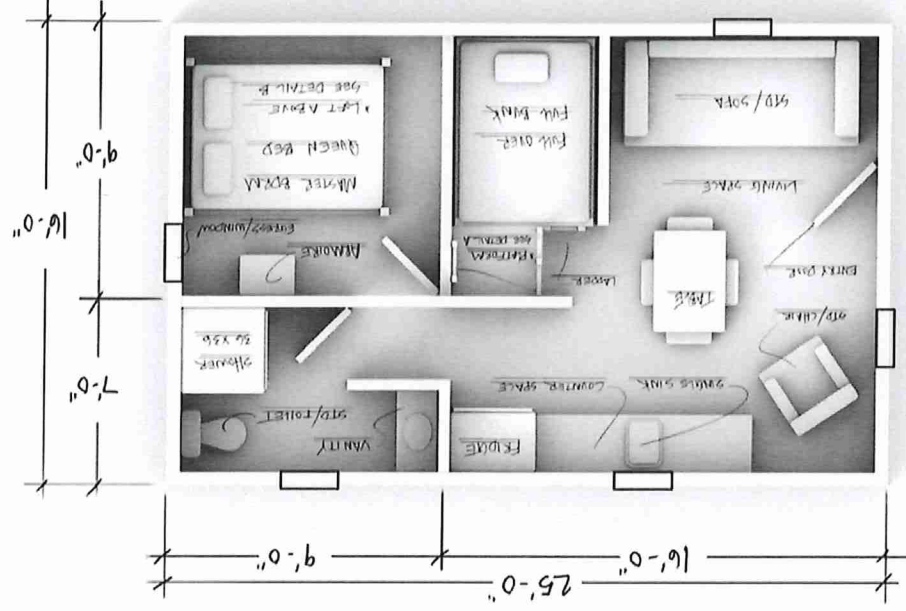
© Copyright 2020 C&S Design & Engineering, Inc. All rights reserved. Any use without permission is strictly prohibited. Plotted 8/31/2020 1:29 PM



Apostle Islands View Campground

SITE PLAN
SCALE: 1" = 30'

C100	NOT FOR CONSTRUCTION OF FINAL PLOTTING	PROPOSED SCHEMATIC LAYOUT FOR: APOSTLE ISLANDS AREA CAMPGROUND COUNTY HWY J, BAYFIELD, WI 54814	SITE PLAN	DESIGN & ENGINEERING with framework design inc 2013 6th Street West Ashland, WI 54806 Telephone (715) 683-0330 www.cdesignengineering.com	PROJECT NO. 19-3398	DATE AUGUST 2020	SCALE AS NOTED	DRAWN BY BLW	REVISIONS L.D.
					KEY: PROPERTY CORNER PROPERTY LINE BUILDING SETBACK EXISTING CONTOUR LINES REMOVED CONTOUR LINES NEW CONTOUR LINES				





June 18, 2021

DNR PROJECT NO. S-2021-0381
DNR REGION: NOR

ROSE LAWYER CLERK
PIKES BAY SANITARY DISTRICT
P.O. BOX 689
BAYFIELD, WI 54891

DNR PLAN APPROVAL for SEWERAGE SYSTEM IMPROVEMENT

Wastewater System Owner: PIKES BAY SANITARY DISTRICT

Consultant: LUND ENGINEERING

Engineer: RANDY LUND, P.E.

Date Project Received: May 4, 2021

Project Description: PLANS for SEWER

Sewer extension of 515' on County Highway J to serve the AIA
Campground in the Town of Bayfield. Specifications are Standard
Specifications for Wi., 6th Ed. And supplementary conditions

The proposed sewerage system improvement included in the above referenced plan submittal is hereby approved in accordance with s. 281.41, Wis. Stats., subject to the following conditions:

1. That a preconstruction conference be held to familiarize the contractor(s) and inspector(s) with the plans, specifications, and conditions of approval.
2. That a competent resident inspector be provided during the course of construction.
3. That erosion control methods be used to prevent siltation to lands and waterways in the vicinity of the construction activity.
4. That all storm and other clear water, including that from sump pumps, roof drains, cistern overflows, and building foundation drains be excluded from these approved sewers (not applicable for combined sewers).
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STATE OF WISCONSIN
DEPARTMENT OF NATURAL RESOURCES
For the Secretary

Jason R. Knutson, P.E.
Wastewater Section Chief

Andrew J. Dutcher
Wastewater Engineer

Digitally signed by Andrew
Dutcher
Date: 2021.06.18 12:47:24 -05'00'

cc: Engineer
Greater Bayfield WWTP Commission

TOWN OF BAYFIELD TREASURER
BILLIE HOOPMAN
P.O. BOX 742

BAYFIELD WI 54814
Phone: 715-779-3438
E-Mail: bayfieldtreasurer@gmail.com

STATE OF WISCONSIN - BAYFIELD COUNTY
REAL ESTATE PROPERTY TAX BILL FOR 2021

APOSTLE ISLAND CAMPING LLC
TOWN OF BAYFIELD

PAYMENTS should reference: **Tax ID: 4636**

DOCUMENT RECORDING, or anything Else should reference:
PIN: 04-006-2-50-04-14-3 03-000-30000
Alternate/Legacy ID: 006-1029-06 000
Ownership: APOSTLE ISLAND CAMPING LLC

APOSTLE ISLAND CAMPING LLC
2253 SISKEN LN
KRONENWETTER WI 54455

Important: Be sure this covers your property. Note that this description is for tax bills only and may not be a full legal description. See reverse side for important information.
Property Description / Location of Property
Site Address: 35110 S COUNTY HWY J
Description: Sec 14 Tn 50 Rg 04 SE SW SW IN DOC 2019R-579285 221

Please include self-addressed, stamped envelope for return receipt.
Please inform your treasurer of any billing address changes.

Acreage: 10.000
Document: 2021R-587476

Assessed Value			Average Assessment Ratio	Net Assessed Value Rate (Does NOT reflect lottery or first dollar credit) 0.018439143	Real Estate Tax:	920.11
<u>Land</u>	<u>Improved</u>	<u>Total</u>			First Dollar Credit:	-82.33
\$42,900	\$7,000	\$49,900	0.94532	Lottery Credit:	-0.00	
Estimated Fair Market Value			An "X" means unpaid prior year taxes. <input type="checkbox"/>	School taxes reduced by school levy tax credit. \$105.16	Net Real Estate Tax:	837.78
					SEWER	1,232.91
					Total Due:	2,070.69
					For full payment pay to TOWN OF BAYFIELD treasurer by January 31, 2022	
					Warning If not paid by due dates, installment option is lost and total tax is delinquent and subject to interest and if applicable, penalty. (See reverse)	
Taxing Jurisdiction		Estimated State Aids Allocated Tax District		Net Tax	% Tax Change	
	2020	2021	2020	2021		
COUNTY	63,260	67,294	214.75	213.46	-0.6	
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Lottery & Gaming Credit				0.00	0.00	0.0
Net Property Tax				854.56	837.78	-2.0

Pay 1st Installment Of: **1,651.80**
Or Pay Full Payment Of: **2,070.69**
by January 31, 2022

Pay 2nd Installment Of: **418.89**
by July 31, 2022

Amount enclosed: _____
APOSTLE ISLAND CAMPING LLC
Tax ID: 4636 (006)
Make payment payable and mail to:
TOWN OF BAYFIELD TREASURER
BILLIE HOOPMAN
P.O. BOX 742
BAYFIELD WI 54814
Include this stub with your payment
Or to Pay Online see *Credit*
Card Payments on back

Amount enclosed: _____
APOSTLE ISLAND CAMPING LLC
Tax ID: 4636 (006)
Make payment payable and mail to:
BAYFIELD COUNTY TREASURER
JENNA GALLIGAN
PO BOX 397
WASHBURN WI 54891
Include this stub with your payment

Town, City, Village, State or Federal
Permits May Also Be Required

AFTER-THE-FACT

LAND USE – **X**

SANITARY – **Municipal**

SIGN –

SPECIAL –

CONDITIONAL – **#21-0133**

BOA –

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **22-0241** Issued To: **Apostle Island Camping LLC / Zach & Jennifer Krivoshein**

SE of the

Location: **SW** ¼ of **SW** ¼ Section **14** Township **50** N. Range **4** W. Town of **Bayfield**
In Doc **2019R-579285**

Gov't Lot	Lot	Block	Subdivision	CSM#
-----------	-----	-------	-------------	------

Commercial

For: **[AFTER-THE-FACT]: [1- Story]; Cabin #4 (25' x 16'); at a Height of 14'**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Meet all setbacks, including eaves and overhangs. Town/State/DNR permits may be needed. Bayfield County Health Dept permit is required prior to serving food. A Uniform Dwelling Code (UDC) Permit from the locally contracted UDC Inspection Agency must be obtained prior to the start of construction.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.
or if any prohibitory conditions are violated.

Erica Meulemans, AZA

Authorized Issuing Official

September 9, 2022

Date

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)

AUG 12 2022

Bayfield Co.
Planning and Zoning Agency

Permit #:	22-0242
Date:	250 9-9-22
Amount Paid:	150 8-12-2022 check 9-9-22
Other:	ATP 250
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Original Application MUST be submitted

FILL OUT IN INK (NO PENCIL)

TYPE OF PERMIT REQUESTED		<input checked="" type="checkbox"/> LAND USE		<input type="checkbox"/> SANITARY		<input type="checkbox"/> PRIVY		<input type="checkbox"/> CONDITIONAL USE		<input type="checkbox"/> SPECIAL USE		<input type="checkbox"/> B.O.A.		<input type="checkbox"/> OTHER	
Owner's Name: Zach & Jennifer Krivoshein				Mailing Address: 85150 Trailer Ct Rd				City/State/Zip: Bayfield, WI 54814				Telephone: 715-470-1100			
Address of Property: 35110 S. City Hwy J				City/State/Zip: Bayfield, WI 54814				Cell Phone: 715-470-1100							
Email: (print clearly) aia.camping@gmail.com															
Contractor: Dennis Bedding				Contractor Phone: 850-303-3034				Plumber: Rob Walsh				Plumber Phone: 932-304-8530			
Authorized Agent: (Person Signing Application on behalf of Owner(s))				Agent Phone:				Agent Mailing Address (include City/State/Zip):				Written Authorization Required (for Agent)			
PROJECT LOCATION		Legal Description: (Use Tax Statement)		Tax ID# 4636		Recorded Document: (Showing Ownership) 42424 Island LLC Camping									
1/4, 1/4		Gov't Lot		Lot(s)		CSM		Vol & Page		CSM Doc #		Lot(s) #		Block #	
Section 14		Township 50		N, Range 04		W		Town of: Bayfield		Lot Size		Acreage 10 acres			

<input type="checkbox"/> Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline : _____ feet	Is your Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline : _____ feet		
<input checked="" type="checkbox"/> Non-Shoreland				

Value at Time of Completion * include donated time & material	Project	Project # of Stories	Project Foundation	Total # of bedrooms on property	What Type of Sewer/Sanitary System(s) Is on the property or Will be on the property?	Type of Water on property
\$ 85,000	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Basement	<input checked="" type="checkbox"/> 1	<input checked="" type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Foundation	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input checked="" type="checkbox"/> Slab	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/>
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/>	<input type="checkbox"/> Use	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Year Round	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>
					<input type="checkbox"/> None	

Existing Structure: (if addition, alteration or business is being applied for)	Length:	Width:	Height:
Proposed Construction: (overall dimensions)	Length: 25'	Width: 16'	Height: 14'

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	(X)	
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(X)	
		with Loft	(X)	
		with a Porch	(X)	
		with (2nd) Porch	(X)	
		with a Deck	(X)	
<input checked="" type="checkbox"/> Commercial Use		with (2nd) Deck	(X)	
		Camp Cabin with Attached Garage #5	(X)	
<input type="checkbox"/> Municipal Use	<input checked="" type="checkbox"/>	Bunkhouse w/ (<input checked="" type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(16 X 25)	400
	<input type="checkbox"/>	Mobile Home (manufactured date) _____	(X)	
	<input type="checkbox"/>	Addition/Alteration (explain) _____	(X)	
	<input type="checkbox"/>	Accessory Building (explain) _____	(X)	
	<input type="checkbox"/>	Accessory Building Addition/Alteration (explain) _____	(X)	
	<input type="checkbox"/>	Special Use: (explain) _____	(X)	
	<input type="checkbox"/>	Conditional Use: (explain) _____	(X)	
	<input type="checkbox"/>	Other: (explain) _____	(X)	

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Zach & Jennifer Krivoshein
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date: 8-9-22

Authorized Agent: _____ (See Note below)
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date: _____

Address to send permit: _____

Attach
Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

Turn Over

RECEIVED
JUN 12 1964
U.S. DEPT. OF JUSTICE

47A

In the box below: **Draw or Sketch your Property** (regardless of what you are applying for)

- (1) Show Location of:

(2) Show / Indicate:

(3) Show Location of (*):

(4) Show:

(5) Show:

(6) Show any (*):

(7) Show any (*):
- Proposed Construction

North (N) on Plot Plan

(*) Driveway and (*) Frontage Road (Name Frontage Road)

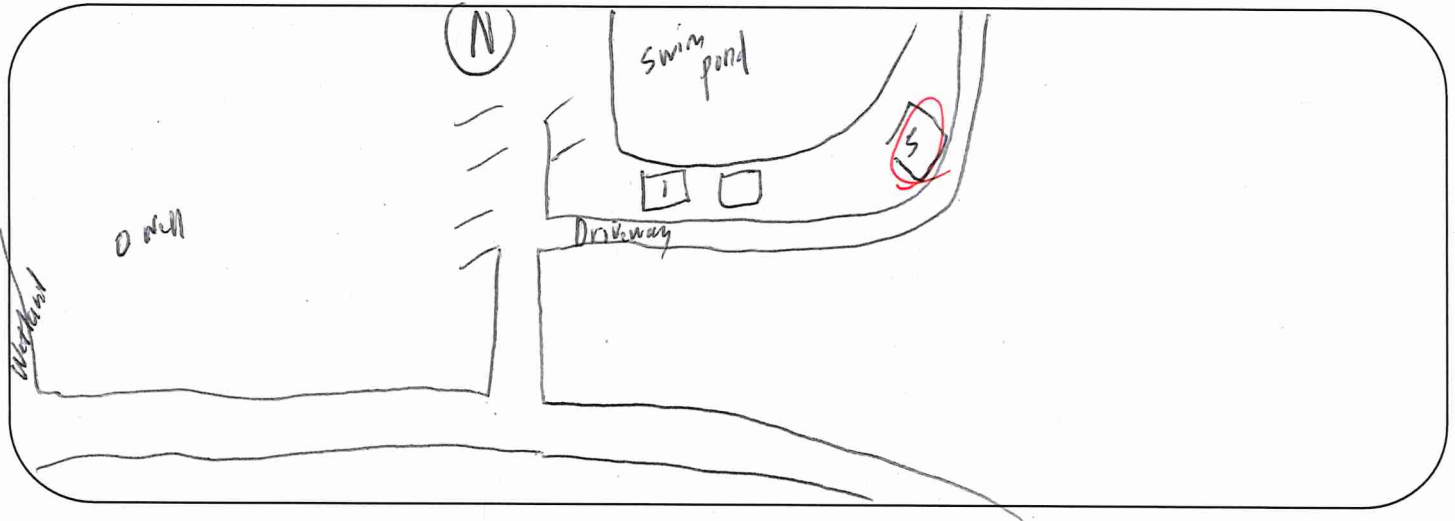
All Existing Structures on your Property

(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)

(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond

(*) Wetlands; or (*) Slopes over 20%

Fill Out in Ink – NO PENCIL



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Setback Measurements		Description	Setback Measurements
Setback from the Centerline of Platted Road	309'	Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	276'	Feet	Setback from the River, Stream, Creek	Feet
			Setback from the Bank or Bluff	Feet
Setback from the North Lot Line	340'	Feet		
Setback from the South Lot Line	309'	Feet	Setback from Wetland	571' Feet
Setback from the West Lot Line	571'	Feet	20% Slope Area on the property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	57'	Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	N/A	Feet	Setback to Well	541' Feet
Setback to Drain Field		Feet		
Setback to Privy (Portable, Composting)		Feet		
Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.				
Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.				

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE(s):

All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
For the Construction of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.
The local Town, Village, City, State or Federal agencies may also require permits.

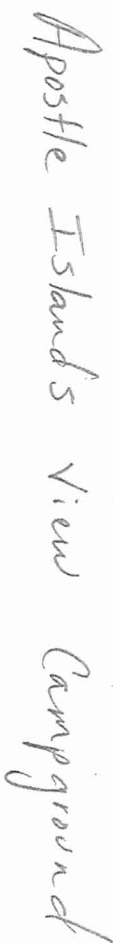
If subject property is part of a Condominium Plat, applicant hereby certifies and represents that applicant has all necessary approvals and recorded documents required to complete the project for which this permit is sought including requirements set forth in Wisconsin statutes pertaining to condominium associations, the Declaration of the Condominium Association in which the property is located, and all other rules, regulations and requirements pertaining to that Condominium Association.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

Issuance Information (County Use Only)	Sanitary Number: <u>N/A Municipal</u>	# of bedrooms:	Sanitary Date:
Permit Denied (Date):	Reason for Denial:		
Permit #: <u>22-0242</u>	Permit Date: <u>9-9-2022</u>		
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	<input type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No	Mitigation Required Mitigation Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:
Was Parcel Legally Created Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Inspection Record: <u>Structure already built + placed on-site</u>		Zoning District <u>(R-RB)</u> Lakes Classification ()	
Date of Inspection: <u>8-25-2022</u>	Inspected by: <u>EM</u>	Date of Re-Inspection:	
Condition(s): <u>Town, Committee or Board Conditions Attached?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No – (If No they need to be attached.) <u>To meet all set backs, including eaves and overhangs. Town/State/DNR permits may be needed. Must obtain a UPC permit from locally contracted UPC inspection agency. Bayfield County Health Department permit is required.</u>			
Signature of Inspector: <u>Diana Mulenbaug</u>		Date of Approval: <u>8-29-2022</u>	
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>

UP approved 9-17-21 (21-0133) 5 of 6 camping units

Updated Plot Plan 9-9-2000



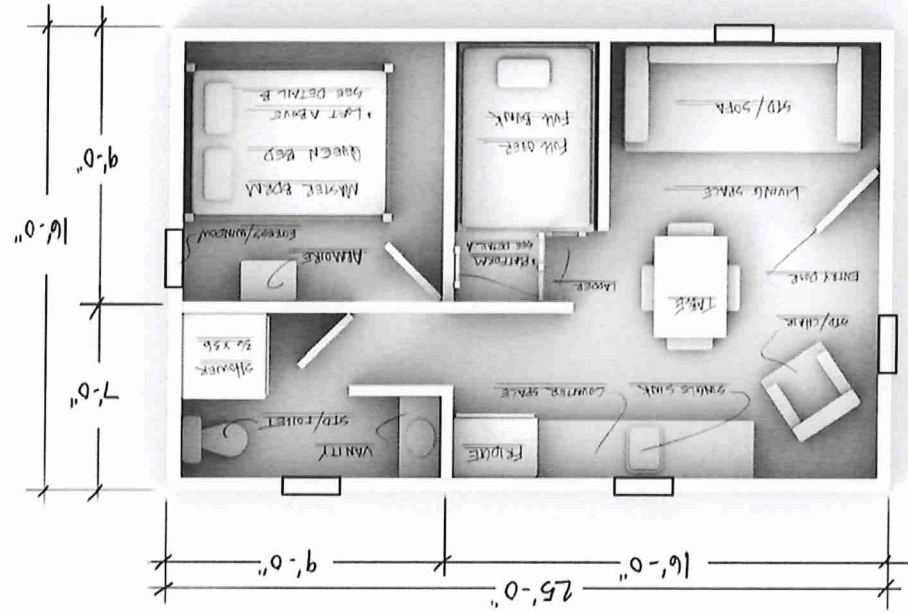
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PROPOSED SCHEMATIC LAYOUT FOR:

APOSTLE ISLANDS AREA CAMPGROUND

COUNTY HWY J, BAYFIELD, WI 54814

SITE PLAN





June 18, 2021

DNR PROJECT NO. S-2021-0381
DNR REGION: NOR

ROSE LAWYER CLERK
PIKES BAY SANITARY DISTRICT
P.O. BOX 689
BAYFIELD, WI 54891

DNR PLAN APPROVAL for SEWERAGE SYSTEM IMPROVEMENT

Wastewater System Owner: PIKES BAY SANITARY DISTRICT

Consultant: LUND ENGINEERING

Engineer: RANDY LUND, P.E.

Date Project Received: May 4, 2021

Project Description: PLANS for SEWER

Sewer extension of 515' on County Highway J to serve the AIA
Campground in the Town of Bayfield. Specifications are Standard
Specifications for Wi., 6th Ed. And supplementary conditions

The proposed sewerage system improvement included in the above referenced plan submittal is hereby approved in accordance with s. 281.41, Wis. Stats., subject to the following conditions:

1. That a preconstruction conference be held to familiarize the contractor(s) and inspector(s) with the plans, specifications, and conditions of approval.
2. That a competent resident inspector be provided during the course of construction.
3. That erosion control methods be used to prevent siltation to lands and waterways in the vicinity of the construction activity.
4. That all storm and other clear water, including that from sump pumps, roof drains, cistern overflows, and building foundation drains be excluded from these approved sewers (not applicable for combined sewers).
5. That the improvements be installed in accordance with the approved plans and specifications, and the above conditions, or subsequent essential and approved modifications.

This approval is valid for four years from the date of approval. The Department reserves the right to order changes or additions should conditions arise making this necessary.

If you believe you have a right to appeal this decision, you may file a request for a contested case hearing pursuant to s. 227.42, Wis. Stats., or file for judicial review under s. 227.52 and 227.53, Statutes. You have 30 days after this approval is mailed to file your written request for hearing or file and serve your petition for judicial review. Your request for hearing or petition for judicial review must name the Secretary of the Department as respondent. This notice is provided pursuant to s. 227.48, Statutes.

STATE OF WISCONSIN
DEPARTMENT OF NATURAL RESOURCES
For the Secretary

Jason R. Knutson, P.E.
Wastewater Section Chief

Andrew J. Dutcher
Wastewater Engineer

Digitally signed by Andrew
Dutcher
Date: 2021.06.18 12:47:24 -05'00'

cc: Engineer
Greater Bayfield WWTP Commission

TOWN OF BAYFIELD TREASURER
BILLIE HOOPMAN
P.O. BOX 742

BAYFIELD WI 54814
Phone: 715-779-3438
E-Mail: bayfieldtreasurer@gmail.com

STATE OF WISCONSIN - BAYFIELD COUNTY
REAL ESTATE PROPERTY TAX BILL FOR 2021

APOSTLE ISLAND CAMPING LLC
TOWN OF BAYFIELD

PAYMENTS should reference: **Tax ID: 4636**

DOCUMENT RECORDING, or anything Else should reference:

PIN: 04-006-2-50-04-14-3 03-000-30000

Alternate/Legacy ID: 006-1029-06 000

Ownership: APOSTLE ISLAND CAMPING LLC

APOSTLE ISLAND CAMPING LLC
2253 SISKEN LN
KRONENWETTER WI 54455

Important: Be sure this covers your property. Note that this description is for tax bills only and may not be a full legal description. See reverse side for important information.

Property Description / Location of Property

Site Address: 35110 S COUNTY HWY J

Description: Sec 14 Tn 50 Rg 04 SE SW SW IN DOC 2019R-579285 221

Please include self-addressed, stamped envelope for return receipt.
Please inform your treasurer of any billing address changes.

Acreage: 10.000

Document: 2021R-587476

Assessed Value			Average Assessment Ratio	Net Assessed Value Rate (Does NOT reflect lottery or first dollar credit) 0.018439143	Real Estate Tax: 920.11 First Dollar Credit: -82.33 Lottery Credit: -0.00 Net Real Estate Tax: 837.78 SEWER 1,232.91 Total Due: 2,070.69
Land	Improved	Total			
\$42,900	\$7,000	\$49,900	0.94532		
Estimated Fair Market Value			An "X" means unpaid prior year taxes. <input type="checkbox"/>	School taxes reduced by school levy tax credit. \$105.16	For full payment pay to TOWN OF BAYFIELD treasurer by January 31, 2022
Land	Improved	Total			
\$45,400	\$7,400	\$52,800			
Estimated State Aids					
Allocated Tax District			Net Tax		% Tax Change
Taxing Jurisdiction	2020	2021	2020	2021	
COUNTY	63,260	67,294	214.75	213.46	-0.6
TOWN OF BAYFIELD	207,900	216,040	184.91	185.37	0.2
SCHL-BAYFIELD	417,197	450,725	495.16	474.26	-4.2
TECHNICAL COLLEGE	131,405	138,017	18.87	16.94	-10.2
PIKES BAY SANITARY	0	0	25.43	30.08	18.3
Totals	819,762	872,076	939.12	920.11	-2.0
First Dollar Credit			84.56	82.33	-2.6
Lottery & Gaming Credit			0.00	0.00	0.0
Net Property Tax			854.56	837.78	-2.0

Warning
If not paid by due dates, installment option is lost and total tax is delinquent and subject to interest and if applicable, penalty. (See reverse)

Pay **1st** Installment Of: **1,651.80**
Or Pay **Full** Payment Of: **2,070.69**
by **January 31, 2022**

Pay **2nd** Installment Of: **418.89**
by **July 31, 2022**

Amount enclosed: _____
APOSTLE ISLAND CAMPING LLC
Tax ID: 4636 (006)
Make payment payable and mail to:
TOWN OF BAYFIELD TREASURER
BILLIE HOOPMAN
P.O. BOX 742
BAYFIELD WI 54814
Include this stub with your payment
Or to Pay Online see *Credit*
Card Payments on back

Amount enclosed: _____
APOSTLE ISLAND CAMPING LLC
Tax ID: 4636 (006)
Make payment payable and mail to:
BAYFIELD COUNTY TREASURER
JENNA GALLIGAN
PO BOX 397
WASHBURN WI 54891
Include this stub with your payment

Town, City, Village, State or Federal
Permits May Also Be Required

AFTER-THE-FACT

LAND USE – **X**

SANITARY – **Municipal**

SIGN –

SPECIAL –

CONDITIONAL – **#21-0133**

BOA –

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **22-0242** Issued To: **Apostle Island Camping LLC / Zach & Jennifer Krivoshein**

SE of the

Location: **SW ¼ of SW ¼ Section 14 Township 50 N. Range 4 W. Town of Bayfield**
In Doc 2019R-579285

Gov't Lot	Lot	Block	Subdivision	CSM#
-----------	-----	-------	-------------	------

Commercial

For: **[AFTER-THE-FACT]: [1- Story]; Cabin #5 (25' x 16'); at a Height of 14'**

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This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.
or if any prohibitory conditions are violated.

Erica Meulemans, AZA

Authorized Issuing Official

September 9, 2022

Date

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

RECEIVED
Date Stamp (Received)

AUG 12 2022

Bayfield Co.
Planning and Zoning Agency

Permit #:	22-0243
Date:	8-9-22
Amount Paid:	\$50 8-12-2022
Other:	ATF 250 9-9-22
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Original Application MUST be submitted

FILL OUT IN INK (NO PENCIL)

TYPE OF PERMIT REQUESTED		<input checked="" type="checkbox"/> LAND USE		<input type="checkbox"/> SANITARY		<input type="checkbox"/> PRIVY		<input type="checkbox"/> CONDITIONAL USE		<input type="checkbox"/> SPECIAL USE		<input type="checkbox"/> B.O.A.		<input type="checkbox"/> OTHER	
Owner's Name: Zach & Jennifer Krivoshein				Mailing Address: 85150 Trailer Ct Rd				City/State/Zip: Bayfield, WI 54814				Telephone: -			
Address of Property: 35110 County Hwy J				City/State/Zip: Bayfield, WI 54814				Cell Phone: 715-410-1100							
Email: (print clearly) aiacamping@gmail.com															
Contractor: Derick Beddinger				Contractor Phone: 850-303-3234				Plumber: Rob Walsh				Plumber Phone: 832-306-8530			
Authorized Agent: (Person Signing Application on behalf of Owner(s)) N/A				Agent Phone: N/A				Agent Mailing Address (include City/State/Zip): N/A				Written Authorization Required (for Agent)			
PROJECT LOCATION		35110 S County Hwy J		Tax ID#		4636		Recorded Document: (Showing Ownership)		Apostle Island Camping LLC					
1/4, 1/4		Gov't Lot		Lot(s)		CSM		Vol & Page		CSM Doc #		Lot(s) #		Block #	
Section 14		Township 50		N, Range 04		W		Towns of: Bayfield		Lot Size		Acreage		10 acres	

<input type="checkbox"/> Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline : _____ feet	Is your Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline : _____ feet		
<input checked="" type="checkbox"/> Non-Shoreland				

Value at Time of Completion * include donated time & material	Project	Project # of Stories	Project Foundation	Total # of bedrooms on property	What Type of Sewer/Sanitary System(s) Is on the property or Will be on the property?	Type of Water on property
\$ 85,000	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Basement	<input checked="" type="checkbox"/> 1	<input checked="" type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Foundation	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input checked="" type="checkbox"/> Slab	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/>
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/>	<input type="checkbox"/> Use	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Year Round	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>
					<input type="checkbox"/> None	

Existing Structure: (if addition, alteration or business is being applied for)	Length:	Width:	Height:
Proposed Construction: (overall dimensions)	Length: 25'	Width: 16'	Height: 14'

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	(X)	
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(X)	
		with Loft	(X)	
		with a Porch	(X)	
		with (2nd) Porch	(X)	
<input checked="" type="checkbox"/> Commercial Use		with a Deck	(X)	
		with (2nd) Deck	(X)	
		with Attached Garage # 6	(X)	
<input type="checkbox"/> Municipal Use	<input checked="" type="checkbox"/>	Camp Cabin Bunkhouse w/ (<input checked="" type="checkbox"/> sanitary, or <input checked="" type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(16 X 25)	400
	<input type="checkbox"/>	Mobile Home (manufactured date) _____	(X)	
	<input type="checkbox"/>	Addition/Alteration (explain) _____	(X)	
	<input type="checkbox"/>	Accessory Building (explain) _____	(X)	
	<input type="checkbox"/>	Accessory Building Addition/Alteration (explain) _____	(X)	
	<input type="checkbox"/>	Special Use: (explain) _____	(X)	
	<input type="checkbox"/>	Conditional Use: (explain) _____	(X)	
	<input type="checkbox"/>	Other: (explain) _____	(X)	

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): _____
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date 8-9-22

Authorized Agent: _____ (See Note below)
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date _____

Address to send permit _____

Attach
Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

Turn Over

RECEIVED

RECEIVED

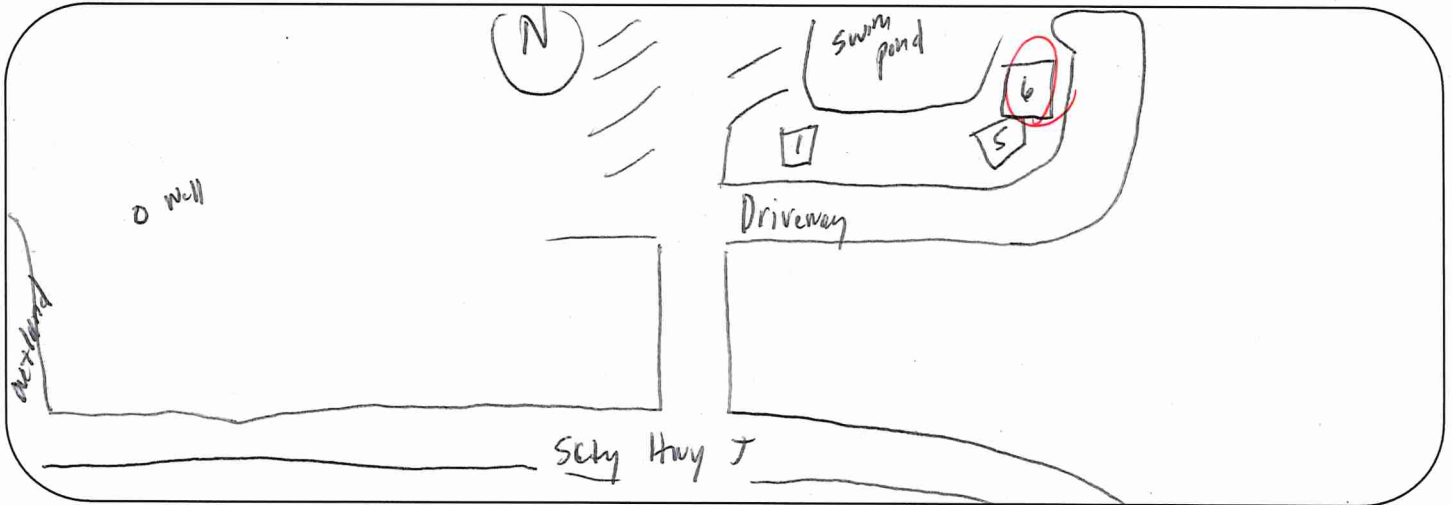
11

APPLICANT - PLEASE COMPLETE PLOT PLAN

In the box below: **Draw or Sketch your Property** (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
(2) Show / Indicate: **North (N)** on Plot Plan
(3) Show Location of (*): **(*) Driveway and (*) Frontage Road** (Name Frontage Road)
(4) Show: **All Existing Structures** on your Property
(5) Show: **(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)**
(6) Show any (*): **(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond**
(7) Show any (*): **(*) Wetlands; or (*) Slopes over 20%**

Fill Out in Ink – **NO PENCIL**



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) **Setbacks:** (measured to the closest point)

Description	Setback Measurements	Description	Setback Measurements
Setback from the Centerline of Platted Road	339' Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	303' Feet	Setback from the River, Stream, Creek	Feet
		Setback from the Bank or Bluff	Feet
Setback from the North Lot Line	325' Feet		
Setback from the South Lot Line	303' Feet	Setback from Wetland	577' Feet
Setback from the West Lot Line	577' Feet	20% Slope Area on the property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	42' Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	N/A Feet	Setback to Well	557' Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) **Stake or Mark Proposed Location(s)** of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE(s): All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
For the Construction of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.
The local Town, Village, City, State or Federal agencies may also require permits.

If subject property is part of a Condominium Plat, applicant hereby certifies and represents that applicant has all necessary approvals and recorded documents required to complete the project for which this permit is sought including requirements set forth in Wisconsin statutes pertaining to condominium associations, the Declaration of the Condominium Association in which the property is located, and all other rules, regulations and requirements pertaining to that Condominium Association.

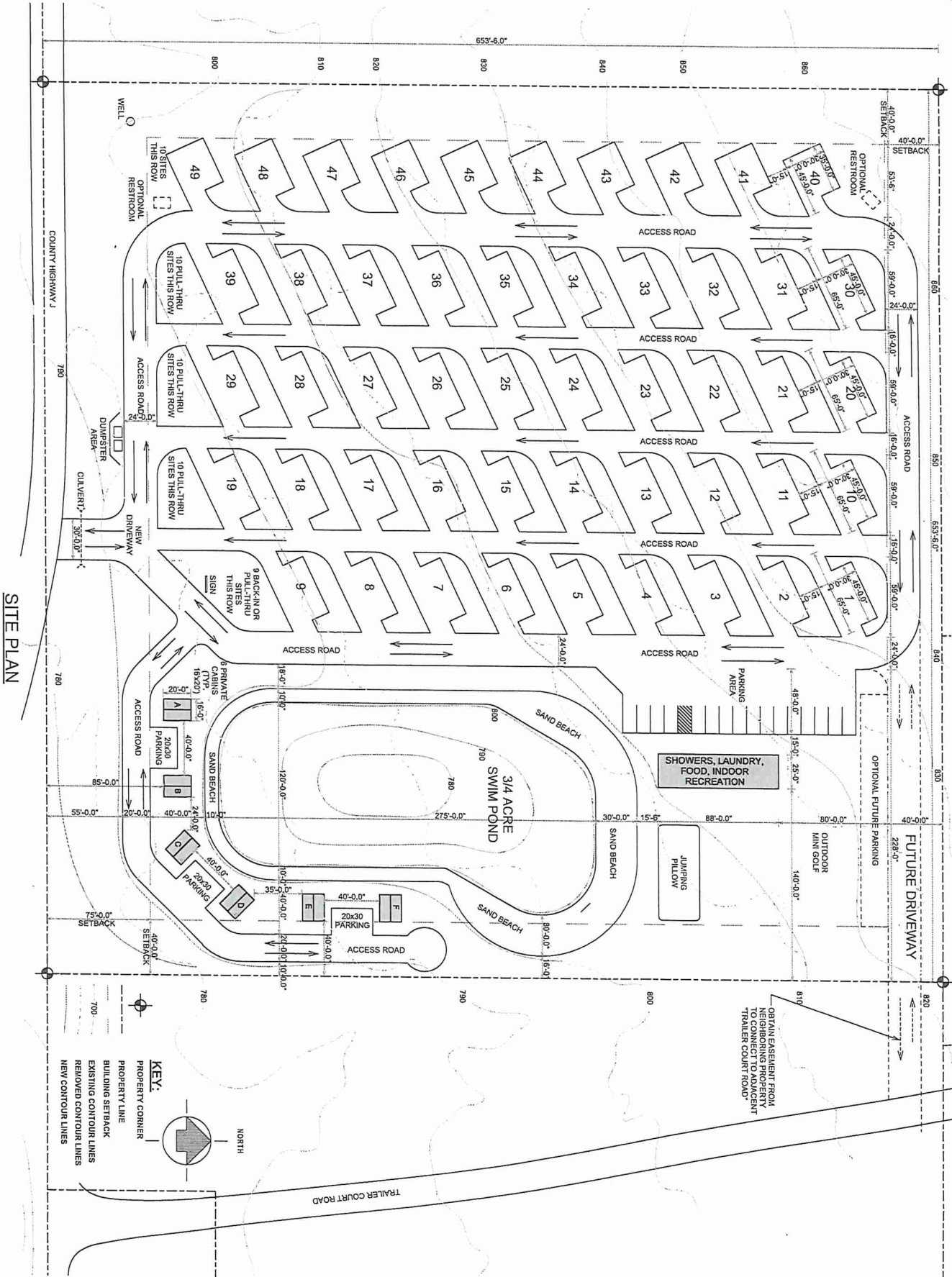
You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

Issuance Information (County Use Only)	Sanitary Number: <u>N/A</u>	# of bedrooms:	Sanitary Date:
Permit Denied (Date):	Reason for Denial:		
Permit #: <u>22-0243</u>	Permit Date: <u>9-9-22</u>		
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	<input type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No	Mitigation Required Mitigation Attached
Granted by Variance (B.O.A.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Case #:	Previously Granted by Variance (B.O.A.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Case #:
Was Parcel Legally Created Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Inspection Record: <u>Concrete slab poured at building site</u>		Zoning District <u>(R-PB)</u> Lakes Classification ()	
Date of Inspection: <u>8-25-2022</u>	Inspected by: <u>SM</u>	Date of Re-Inspection:	
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No -- (If No they need to be attached.) <u>To meet all setbacks, including eaves and overhangs. Town/State/DNR permits may be needed. Must obtain a UDC permit from locally contracted UDC inspection agency. Bayfield County Health Department permit is required.</u>			
Signature of Inspector: <u>Erica Mulman</u>		Date of Approval: <u>8-24-2022</u>	
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>

C

Updated Plot Plan 9-9-2000

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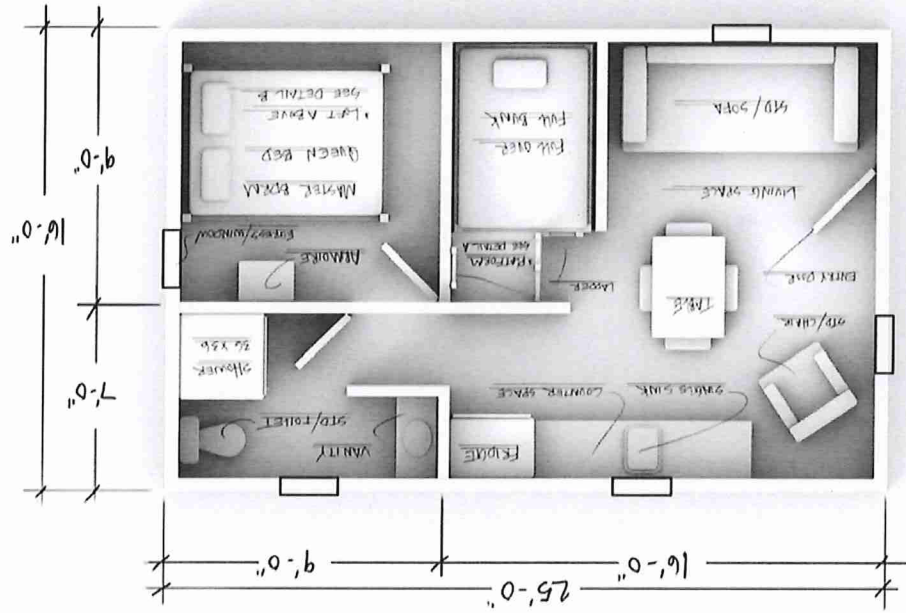
SITE PLAN
SCALE: 1" = 30'

Apostle Islands View Campground

C100	NOT FOR CONSTRUCTION OR FINAL PRICING	DESIGN & ENGINEERING with framework design inc 2023 6th Street West, Ashland, WI 54806 Telephone (715) 682-0330 www.cdesignengineering.com	PROPOSED SCHEMATIC LAYOUT FOR: APOSTLE ISLANDS AREA CAMPGROUND COUNTY HWY J, BAYFIELD, WI 54814	
			SITE PLAN	

PROJECT NO.	19-3398
DATE	AUGUST 2000
SCALE	AS NOTED
DRAWN BY	L.D.
CHECKED BY	
APPROVED BY	

KEY:
PROPERTY CORNER
BUILDING SETBACK
EXISTING CONTOUR LINES
REMOVED CONTOUR LINES
NEW CONTOUR LINES





June 18, 2021

DNR PROJECT NO. S-2021-0381
DNR REGION: NOR

ROSE LAWYER CLERK
PIKES BAY SANITARY DISTRICT
P.O. BOX 689
BAYFIELD, WI 54891

DNR PLAN APPROVAL for SEWERAGE SYSTEM IMPROVEMENT

Wastewater System Owner: PIKES BAY SANITARY DISTRICT

Consultant: LUND ENGINEERING

Engineer: RANDY LUND, P.E.

Date Project Received: May 4, 2021

Project Description: PLANS for SEWER

Sewer extension of 515' on County Highway J to serve the AIA
Campground in the Town of Bayfield. Specifications are Standard
Specifications for Wi., 6th Ed. And supplementary conditions

The proposed sewerage system improvement included in the above referenced plan submittal is hereby
approved in accordance with s. 281.41, Wis. Stats., subject to the following conditions:

1. That a preconstruction conference be held to familiarize the contractor(s) and inspector(s) with the plans, specifications, and conditions of approval.
2. That a competent resident inspector be provided during the course of construction.
3. That erosion control methods be used to prevent siltation to lands and waterways in the vicinity of the construction activity.
4. That all storm and other clear water, including that from sump pumps, roof drains, cistern overflows, and building foundation drains be excluded from these approved sewers (not applicable for combined sewers).
5. That the improvements be installed in accordance with the approved plans and specifications, and the above conditions, or subsequent essential and approved modifications.

This approval is valid for four years from the date of approval. The Department reserves the right to order changes or additions should conditions arise making this necessary.

If you believe you have a right to appeal this decision, you may file a request for a contested case hearing pursuant to s. 227.42, Wis. Stats., or file for judicial review under s. 227.52 and 227.53, Statutes. You have 30 days after this approval is mailed to file your written request for hearing or file and serve your petition for judicial review. Your request for hearing or petition for judicial review must name the Secretary of the Department as respondent. This notice is provided pursuant to s. 227.48, Statutes.

STATE OF WISCONSIN
DEPARTMENT OF NATURAL RESOURCES
For the Secretary

Jason R. Knutson, P.E.
Wastewater Section Chief

Andrew J. Dutcher
Wastewater Engineer

Digitally signed by Andrew
Dutcher
Date: 2021.06.18 12:47:24 -05'00'

cc: Engineer
Greater Bayfield WWTP Commission

TOWN OF BAYFIELD TREASURER
BILLIE HOOPMAN
P.O. BOX 742

BAYFIELD WI 54814
Phone: 715-779-3438
E-Mail: bayfieldtreasurer@gmail.com

STATE OF WISCONSIN - BAYFIELD COUNTY
REAL ESTATE PROPERTY TAX BILL FOR 2021

APOSTLE ISLAND CAMPING LLC
TOWN OF BAYFIELD

PAYMENTS should reference: **Tax ID: 4636**

DOCUMENT RECORDING, or anything Else should reference:
PIN: 04-006-2-50-04-14-3 03-000-30000
Alternate/Legacy ID: 006-1029-06 000
Ownership: APOSTLE ISLAND CAMPING LLC

APOSTLE ISLAND CAMPING LLC
2253 SISKEN LN
KRONENWETTER WI 54455

Important: Be sure this covers your property. Note that this description is for tax bills only and may not be a full legal description. See reverse side for important information.
Property Description / Location of Property
Site Address: 35110 S COUNTY HWY J

Description: Sec 14 Tn 50 Rg 04 SE SW SW IN DOC 2019R-579285 221

Please include self-addressed, stamped envelope for return receipt.
Please inform your treasurer of any billing address changes.

Acreage: 10.000
Document: 2021R-587476

Assessed Value			Average Assessment Ratio	Net Assessed Value Rate (Does NOT reflect lottery or first dollar credit) 0.018439143	Real Estate Tax: 920.11
Land	Improved	Total			First Dollar Credit: -82.33
\$42,900	\$7,000	\$49,900	0.94532		Lottery Credit: -0.00
Estimated Fair Market Value			An "X" means unpaid prior year taxes. <input type="checkbox"/>	School taxes reduced by school levy tax credit. \$105.16	Net Real Estate Tax: 837.78
Land	Improved	Total			SEWER 1,232.91
\$45,400	\$7,400	\$52,800			Total Due: 2,070.69

For full payment pay to TOWN OF BAYFIELD
treasurer by
January 31, 2022

Taxing Jurisdiction	Estimated State Aids Allocated Tax District		Net Tax		% Tax Change
	2020	2021	2020	2021	
COUNTY	63,260	67,294	214.75	213.46	-0.6
TOWN OF BAYFIELD	207,900	216,040	184.91	185.37	0.2
SCHL-BAYFIELD	417,197	450,725	495.16	474.26	-4.2
TECHNICAL COLLEGE	131,405	138,017	18.87	16.94	-10.2
PIKES BAY SANITARY	0	0	25.43	30.08	18.3
Totals	819,762	872,076	939.12	920.11	-2.0
First Dollar Credit			84.56	82.33	-2.6
Lottery & Gaming Credit			0.00	0.00	0.0
Net Property Tax			854.56	837.78	-2.0

Warning

If not paid by due dates, installment option is lost and total tax is delinquent and subject to interest and if applicable, penalty. (See reverse)

Pay **1st** Installment Of: **1,651.80**
Or Pay **Full** Payment Of: **2,070.69**
by January 31, 2022

Pay **2nd** Installment Of: **418.89**
by July 31, 2022

Amount enclosed: _____
APOSTLE ISLAND CAMPING LLC
Tax ID: 4636 (006)
Make payment payable and mail to:
TOWN OF BAYFIELD TREASURER
BILLIE HOOPMAN
P.O. BOX 742
BAYFIELD WI 54814
Include this stub with your payment
Or to Pay Online see *Credit*
Card Payments on back

Amount enclosed: _____
APOSTLE ISLAND CAMPING LLC
Tax ID: 4636 (006)
Make payment payable and mail to:
BAYFIELD COUNTY TREASURER
JENNA GALLIGAN
PO BOX 397
WASHBURN WI 54891
Include this stub with your payment

Town, City, Village, State or Federal
Permits May Also Be Required

AFTER-THE-FACT

LAND USE – **X**

SANITARY – **Municipal**

SIGN –

SPECIAL –

CONDITIONAL – **#21-0133**

BOA –

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **22-0243**

Issued To: **Apostle Island Camping LLC / Zach & Jennifer Krivoshein**

SE of the

Location: **SW** ¼ of **SW** ¼ Section **14** Township **50** N. Range **4** W. Town of **Bayfield**

In Doc **2019R-579285**

Gov't Lot

Lot

Block

Subdivision

CSM#

Commercial

For: **[AFTER-THE-FACT]:** [1- Story]; **Cabin #6 (25' x 16')**; at a Height of 14'

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Meet all setbacks, including eaves and overhangs. Town/State/DNR permits may be needed. Bayfield County Health Dept permit is required prior to serving food. A Uniform Dwelling Code (UDC) Permit from the locally contracted UDC Inspection Agency must be obtained prior to the start of construction.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.
or if any prohibitory conditions are violated.

Erica Meulemans, AZA

Authorized Issuing Official

September 9, 2022

Date